




What Works *for*
**Children's
Social Care**



TEENAGERS IN CONTACT WITH SOCIAL CARE: WHAT WORKS TO KEEP THEM SAFE AND IMPROVE THEIR OUTCOMES

May 2022





What Works *for* Children's Social Care

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Authors

RTK Ltd: Dr Tony Munton, Miriam Antcliff, Dr Emma Carter, Alan Gomersall, Karen Harrison, and Dr Miriam Silver

Author contributions

Dr Tony Munton authored the final report and provided oversight for the project. Alan Gomersall developed search strings and conducted searches, citation chases and grey literature searches. Miriam Antcliff led on data extraction and quality appraisal of the papers. Dr Emma Carter was project manager and led on reference management. Karen Harrison and Dr Miriam Silver provided sector expertise, reviewing the final list of papers that were included, highlighting additional material and reviewing early drafts of the final report.

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About the Independent Review of Children's Social Care

The Independent Review of Children's Social Care was announced in January 2021 and will report in Spring 2022. Josh MacAlister is leading the review which has a wide ranging and ambitious scope. The review is a chance to look afresh at children's social care. It will look at issues through the perspective of children and families throughout their interactions with children's social care, from having a social worker knock on the door, through to children being in care and then leaving care. What Works for Children's Social Care is supporting the review by producing and commissioning evidence summaries, rapid reviews and new analysis.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About the RTK Ltd

The RTK Ltd works with clients in the public, private and third sectors, locally, nationally and internationally. We use our specialist knowledge to deliver the right decision support to the right people at the right time. We do this through evidence reviews, independent evaluations and supporting our clients to identify, collect and analyse robust performance data. Our specific areas of expertise include health, social care, education and criminal justice.

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EXECUTIVE SUMMARY

Introduction

What Works for Children's Social Care (WWCSC) has commissioned this rapid review to consider evidence on effective interventions in working with teenagers (those aged 13-19). The commission contributes to the support WWCSC is providing for the Independent Review into Children's Social Care.

The review focuses on teenagers and young people in contact with children's social care. It defines contact as being in care, or being subject of a Child in Need or Child Protection Plan (CPP). Effective interventions are those that keep teenagers safe and optimise their outcomes.

This age group can face risks and needs that younger children do not. For example, teenagers have a greater level of independence and unsupervised time compared to younger children. The review therefore includes interventions designed to address potential harms outside of the home environment to which teenagers are particularly vulnerable. Those harms may arise because of experiences including, but not limited to, exploitation, substance misuse, or peer to peer abuse.

Objectives

We conducted the review to identify strategies or interventions effective in reducing risks to young people's safety, meeting their needs and improving their outcomes. The review aims to answer two research questions:

1. What interventions have been put in place to respond to the needs of teenagers involved with children's social care and are these effective?
2. What are the barriers and facilitators to implementation of interventions and does evidence suggest they are acceptable to target groups?

Methods

This rapid review set out to identify relevant publications that addressed the key research questions. Pre-specified inclusion and exclusion criteria determined the selection of publications for review. We registered the review protocol on the Open Science Framework¹ and on the WWCSC website. Where appropriate, our review reporting follows guidelines set out in the 2020 Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement.²

1 Registration DOI: <https://doi.org/10.17605/OSF.IO/QTVSE>

2 Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Bmj*, 372.



We examined research questions one and two using three categories of publications:

- Evidence reviews
- Empirical studies
- Reports of teenager and carer views, reports of local authority committees, and organisational and expert intelligence.

Publications were included if they were: published from 2000 onwards, published in the English language, and conducted in the UK (including devolved administrations), USA, Canada, Australia, New Zealand, Ireland. Papers needed to address the population of teenagers (aged 13-19) receiving services from children's social care either due to being in care or via a Child Protection (CP) or Child in Need (CiN) plan.

The review team searched seven online databases. Searches identified 3,396 records. Using abstracts to screen reports, the review team excluded 3,193 records, identifying 203 for full text retrieval. Of those 203, 52 were duplicates. Of the remaining 151, the team was able to obtain 148 full texts. A further 94 were excluded after reading the full texts, meaning 54 publications were submitted for data extraction and quality assessment. The team provided our two external sector experts with that list and asked them to identify any relevant omissions of which they were aware. They identified a further two publications, giving a final total of 56 publications for final inclusion in the review. Of those 56, 29 reported empirical studies, 12 were reviews and 15 were reports.

The report cites nine papers as providing empirical evidence relevant to research question one. It cites 21 papers, (including empirical papers, review and reports) regarding the discussion of research question two.

The team extracted data from publications using three standardised forms, one for reviews, one for empirical research and a third for reports. Two members of the research team extracted data from the same ten publications independently. They compared results to establish consistency. Data from all remaining reports were extracted independently by one of the same two members of the research team. Information from all extracted data forms were recorded and stored in our reference management software for later analysis.

We did not conduct a meta-analysis of empirical research papers due to the lack of robust data on effect sizes. Consequently, we were not able to conduct standardised tests such as funnel-plot-based methods, to test and adjust for publication bias.³ However, we did seek to minimise potential publication bias by searching for empirical studies published in grey literature (e.g., theses, etc.).

3 Duval, S. & Tweedie, R. (2000). Trim and fill: A simple funnel-plot-based method of testing and adjusting for publication bias in meta-analysis. *Biometrics*, 56, 455-463.



Results

List of all interventions

Interventions described in the empirical impact evaluations included in the review fall into two categories: named interventions, and those based on a more general approach.

The named interventions are:

1. Motivational Enhancement Therapy and Social Behaviour and Network Therapy
2. Strength-Based Care Management
3. Multisystemic Therapy
4. Trauma informed approach
5. Mentoring

The general approaches described in the empirical literature are:

1. Relationship building
2. Specialist team intensive interventions
3. Early/Preventative interventions
4. Contextual safeguarding
5. Brief intervention
6. Multi-agency approach
7. Family/kin support

Summary of the quality of impact evaluations

The review team identified eight empirical studies (out of a total of 29) that reported impact evaluations. The team assessed the quality of the evaluation design using the Maryland Scientific Methods Scale (MSMS).⁴

The MSMS has a five-point rating scale:⁵

Level 1: Observed correlation between an intervention and outcomes at a single point in time. A study that only measured the impact of the service using a questionnaire at the end of the intervention would fall into this level.

Level 2: Temporal sequence between the intervention and the outcome clearly observed; or the presence of a comparison group that cannot be demonstrated to be comparable. A study that measured the outcomes of people who used a service before it was set up and after it finished would fit into this level.

Level 3: A comparison between two or more comparable units of analysis, one with and one without the intervention. A matched-area design using two locations in the UK would fit into this category if the individuals in the research and the areas themselves were comparable.

Level 4: Comparison between multiple units with and without the intervention, controlling for other factors or using comparison units that evidence only minor differences. A method such as propensity score matching, that used statistical techniques to ensure that

- 4 What Works Centre for Local Economic Growth. (2016). Guide to Scoring Evidence Using the Maryland Scientific Methods Scale.
- 5 Sherman, L. W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., & Bushway, S. (2000). Preventing crime: What works, what doesn't, what's promising. Perspectives On Crime Reduction, 17.



the programme and comparison groups were similar would fall into this category.

Level 5: Random assignment and analysis of comparable units to intervention and control groups. A well conducted Randomised Controlled Trial fits into this category.

The review team rated one well-designed randomised control trial as a Level 5 on the MSMS. Of the remaining seven papers, two were assessed as a Level 3, three as a Level 2, and two as a Level 1.

Given that the five out of the eight impact evaluations failed to reach higher than a Level 2, overall, the quality of the impact evaluations included in the review might be characterised as relatively weak.

The quality of reviews

The review team identified 12 review papers, of which three were rated as high quality. Of those three reviews, two were full systematic reviews. The third was a good quality review of reviews.

Evaluation and effectiveness of listed interventions

Of the named and general interventions, the review found publications that described impact evaluations on the following eight

Author/year: Fonagy et al. (2020)
Intervention: Multisystemic therapy (MST)
Quality: 14/14
MSMS Level: 5
Findings: No significant difference in offending behaviour or secondary measures between MST and management as usual (MAU). No evidence of cost effectiveness of MST compared with MAU. Qualitative data suggested families mostly felt positive about MST. Young people more mature

as evidenced by expressing positive attitudes towards work, developing better social relationships, identifying negative relationships, and more positive family relationships.

Author/year: Dallos et al (2019)

Intervention: Mentoring

Quality: 11/14

MSMS Level 2

Findings: Mentoring was experienced very positively and contributed to both fostering a sense of trust and to reducing insecure attachments. Mentoring relationship is beneficial to children at significant risk of poor mental health.

Author/year: Sanders et al. (2015)

Intervention: Relationship building

Quality: 11/14

MSMS Level 1

Findings: Those receiving services they perceived as empowering and respectful, reported enhanced resilience, which was associated with better wellbeing outcomes.

Author/year: Biehal (2005)

Intervention: Specialist teams

Quality: 13/14

MSMS Level: 3

Findings: Young people referred to specialist support teams offering intensive service less likely to enter placement.

Author/year: Dembo et al (2013)

Intervention: Brief interventions

Quality: 9/14

MSMS Level: 3

Findings: Interim results provide overall support for the brief interventions model. Marginally significant treatment effect on delinquency at 3-month follow-up and a near significant BI effect at 12-month follow-up



Author/year: Day et al (2017)

Intervention: Multi-agency approaches

Quality: 11/14

MSMS Level: 1

Findings: Mixed success - programme too ambitious with too many sub pilots

Author/year: Shklarski et al (2016)

Intervention: Family/kin support

Quality: 9/14

MSMS Level: 2

Findings: Searching for and engaging family and kin can expand the social support network and lifelong connections for youth placed out of the home. Effectiveness in achieving permanency is more ambiguous.

Author/year: Yoon et al. (2018)

Intervention: Family/kin support

Quality: 9/14

MSMS Level: 2

Findings: Interventions aimed at improving the quality of fathers' relationships and involvement with their children may be helpful in reducing behaviour problems in adolescents at risk of maltreatment.

Author/year: Olaghere et al. (2021).

Intervention: Trauma Informed Approach

Quality: 16/16*

MSMS Level: -

Findings: Trauma-informed treatment has potential benefits for youth suffering from PTSD, affective disorders, those expressing themselves through delinquency, and can improve hopeful orientations. When combined with results from other meta-analyses, the small number of studies with small sample sizes in this meta-analysis suggests trauma treatment programs are effective.

* This paper reports a systematic review
- reviews are quality assessed against a 16-point scale

Conclusion

Key conclusions

- The review identified eight interventions designed to improve outcomes for teenagers at risk of extrafamilial harm
- The quality of evidence regarding efficacy was weak
- Reviews consistently report that lack of good quality empirical evidence makes it difficult to draw robust conclusions regarding the efficacy of specific interventions
- Personal relationships in general and mentoring more specifically are crucial elements of interventions with young people
- Family-centred approaches, including multi-systemic therapy, are commonplace although empirical evidence for efficacy lacks consistency
- Professionals tend to favour strategic approaches aimed at early intervention and prevention
- Traditional safeguarding approaches that focus on personal attributes of teenagers at risk rather than more contextual issues are a barrier to the implementation of effective interventions
- Effective multi-agency working at local level needs to be better understood
- Theoretical explanations of how effective relationship building influences care intervention outcomes would be useful
- Better understanding of how service delivery processes and procedures facilitate effective relationship building could add value.



1. INTRODUCTION

1.1 Policy and practice context

Policy and practice context

The Independent Review into Children's Social Care has been charged with undertaking a root and branch examination of the needs, experiences and outcomes of children referred to the social care system. That includes looking at the capacity and capability of the system to support and strengthen families in ways that can prevent children being taken into care unnecessarily.

The numbers of children in care in England has been increasing every year since 2008.⁶ Whilst more children have entered care the number of teenagers entering care has increased disproportionately. Of the 80,080 total for 2020, over half were teenagers.⁷

The teenage years are a challenging period for most young people. For those that find themselves in the care system, those challenges are overlaid with a raft of other significant stresses and uncertainties.⁸ The majority of looked after children are in care because of abuse or neglect.⁹ Additionally, other specific challenges include juvenile

offending, sexual exploitation, asylum seeking, and transition to independence including employment and housing.¹⁰ Teenagers with a social worker are invariably facing complex challenges. Their needs are no less complex. Not surprisingly, there is no simple way to categorise them. Perhaps as a consequence, teenagers have reported that they respond best to interventions designed to address their needs when they participate fully in the process and when their own ideas are considered.¹¹

Some young people will feel a sense of relief that care offers them a safe place. For others who have arrived because of placement disruption, or because of other stressful experiences, care may not feel so reassuring. In these circumstances they may understandably feel angry, resentful, or distressed. That can make things especially difficult for carers, increasing the likelihood of further placement breakdown; situations like this require considerable resilience on the part of adults involved.¹²

Teenagers who receive support from children's social care have specific needs

6 NSPCC (2021). Statistics briefing: Looked after children. NSPCC: London

7 Create your own tables, Table Tool – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

8 Coleman, J., Vellacott, J., Solari, G., Solari, M., Luke, N., & Sebba, J. (2016). Teenagers in Foster Care: A handbook for foster carers and those that support them. Rees Centre: University of Oxford

9 NSPCC (2021). Statistics briefing: Looked after children. NSPCC: London

10 Shuker, L., Sebba, J., & Hjer, I. (2019). Teenagers in foster care: Issues, themes, and debates from and for policy and practice. *Child & Family Social Work*, 24, 349-353.

11 Hjer, I., & Sjöblom, Y. (2014). Voices of 65 young people leaving care in Sweden: "There is so much I need to know!" *Australian Social Work*, 67(1), 71-87.

12 Ibid.



which differ from younger children in contact with social care due to their developmental stage. In addition to being caused direct harm by their parents or carers, teenagers may experience, or be at risk of experiencing, specific harms outside of the home over which parents have limited influence. Known as extrafamilial harms, they may include criminal and sexual exploitation, serious youth violence and peer-on-peer abuse. There is an urgent need to improve capacity to identify these external risks, and ensure the right support is in place.

Specifically, the review will focus on those teenagers who are in contact with children's social care, whether that is a result of being in care or being subject of a Child in Need (CIN) or Child Protection Plan (CP).

1.2 Rationale for this review

The aim of the review is to identify effective interventions tailored to meet the needs of teenagers involved with children's social care. Effective interventions are those which reduce risks and keep young people safe, meet their needs and improve their outcomes.

Several reviews have looked at evidence concerning the experiences of children in the English care system.¹³ Our review will include publications that examine the experiences of young people in the UK and internationally. It will consider evaluations of the proposed efficacy of contextual approaches to safeguarding relative to more traditional safeguarding models.

Publications to be included in the examination of research question one will focus on impact evaluations of interventions designed to respond to the needs of teenagers involved in children's social care. Publications for the examination of research question two will also include reports and reviews.

13 E.g., Dickson K, Sutcliffe, K and Gough D (2009) The experiences, views and preferences of Looked After children and young people and their families and carers about the care system. NICE: London



2. OBJECTIVES

This review addresses two specific questions:

Primary research question:

What interventions have been put in place to respond to the needs of teenagers involved with children's social care and are these effective?

Secondary research question:

What are the barriers and facilitators to implementation of interventions and does evidence suggest they are acceptable to target groups?



3. METHODS

3.1 Protocol registration

The review protocol is registered on the Open Science Framework.¹⁴ It has also been published on the What Works for Children's Social Care website.

3.2 Study eligibility criteria

The study eligibility criteria were developed in close consultation with the review Advisory Group, made up of representatives from the Independent Review into Children's Social Care, the Department for Education, and WWCS.

The Advisory Group recommended that the review include publications produced from the year 2000, i.e., before introduction of the contextual safeguarding approach that informed policy and practice in the UK from 2011 onwards.¹⁵ The Group also suggested that it would also be useful to look at international comparisons. More specifically their advice was to include papers from countries with child protection and child welfare systems most like England. The decision was made to include the following countries: UK (including devolved administrations), US, Canada, Australia, New Zealand, and Ireland. The Advisory Group also recommended that papers published in EU countries and Scandinavia not be included in the main analysis. However,

WWCS colleagues asked the review team to flag any high-quality studies they identified from those territories for later review.

The eligibility criteria are specified by the review inclusion and exclusion criteria, and, for impact evaluations, the PICO table set out below (table 3.2). As is standard practice, the PICO table specifies the Population, Interventions, Comparators and Outcomes characteristics of impact evaluations to be included in the review. Inclusion and exclusion criteria remained as specified in the published review protocol.

Inclusion criteria

Study and publication type

The review includes three types of publications:

1. Evidence reviews
2. Empirical research evaluating interventions
3. Reports of teenager and carer views, reports of local authority committees, and organisational and expert intelligence

Publications were considered eligible for inclusion if they addressed either of the two research questions.

14 Registration DOI: <https://doi.org/10.17605/OSF.IO/QTVSE>

15 Firmin, C., & Lloyd, J. (2020). Contextual Safeguarding: A 2020 update on the operational, strategic, and conceptual framework. Luton: University of Bedfordshire.



Years

Papers were included in the review if they were published in the year 2000 onwards. This reflected the results of our test searches that found relatively few empirical research papers when publication dates were restricted to less than 20 years.

Language

Papers were only included if written in the English language.

Geography

Studies covering the following countries were considered for inclusion:

UK (including devolved administrations), US, Canada, Australia, New Zealand, and Ireland. The list of countries were identified as having child protection and child welfare systems most like England. The Advisory Group noted it would still be important for the review team to consider the generalisability of specific findings to the context of service delivery models currently operating in England.

Population

The review team developed population criteria in close consultation with the review Advisory Group. The original brief drew on existing evidence to understand what works to keep teenagers and adolescents safe and improve their outcomes. This reflected the terms of reference for the Independent Review of Children's Social Care. Discussions focussed on refining the relationships with the care system the population of interest may have. The decision was taken to focus on teenagers in care, those subject to Child Protection Plans (CPPs) and Children in Need plans who were or continue to be deemed as at risk of extrafamilial harms. By focussing on extrafamilial harms, the Group believed the review would be more likely to identify young people who came into contact with social

care as teenagers rather than at a younger age. They also asked that the review team include papers examining the work done by leaving care teams with post-18-year-olds.

The population was consequently defined as: Teenagers (aged 13-19) who are receiving services from Children's social care either due to being in care or via a Child Protection or Child in Need plan.

Topic

The review team included any of the three types of publication described above that discussed interventions designed to address the issue of responding to the needs of the target population, with a focus on extrafamilial harms.

Outcomes

The research team included any of the three types of publication described above that discussed interventions designed to address extra-familial/out of home harms for teenagers. That included social outcomes such as housing or employment, as well as educational, physical, and mental health outcomes, and other outcomes specifically identified in the literature by teenagers or their families and carers as important to them.

Exclusion criteria

Study and publication type

Studies published prior to 2000; single case study designs; specific interventions for services designed for disabled teenagers; interventions not provided by health, social or care work professionals; studies that include only a small sub-sample of teenage children.



Geography

Papers published in countries outside of those specified for inclusion. Papers published in EU countries and Scandinavia were not included in the main analysis. However, WWCSA asked that the review team flag any high-quality studies they identified for later review.

Population

The review team excluded publications describing interventions or services designed specifically for disabled teenagers. The table below summarises the eligibility criteria for the review.

Table 3.2 PICO framework

PICO domain	Criterea
Population	Teenagers (aged 13-19) who are receiving services from Children's social care either due to being in care or via a CP or CIN plan.
Interventions	Interventions designed to address the issue of responding to the needs of the target population, with a focus on extrafamilial harms.
Comparators	Any empirical study that includes an intervention and comparison group, with samples randomly allocated or matched.
Outcomes	Those specifically associated with interventions designed to address extra-familial/out-of-home harms for teenagers. That included social outcomes such as housing or employment, as well as educational, physical and mental health outcomes, and other outcomes specifically identified in the literature by teenagers or their families and carers as important to them.



3.3 Search strategy

The review team developed the final search string through an iterative process based on output from 12 trial searches. The project Advisory Group provided feedback on each progressive iteration.¹⁶

One author (AG) searched the following seven databases using the final iteration of the string during the week beginning 1st November 2021:

- Proquest: Sociology Collection including Applied Social Science Indexing and Abstracts, and Sociology Abstracts
- Proquest: Social Services Abstracts
- PsycInfo
- Social Care Online
- ERIC/BEI joint search
- Social Policy and Practice
- Web of Science

Each database was searched using the following search string:

("At risk" and (adolescen or teenage* or young or youth) and (Harm or exploit* or prostitut* or gang* or abuse or misuse or abscond* or crim* or "social media" or "county line*" or groom* or coerc*) and (intervention* or outcome* or experienc*) NOT (((Under and (five or three or two or six or ten)) or infant* or medic* or clinic* or cancer* or afric* or india* or HIV or tropic* or adult* or TB or hospital* or dementia or older* or Ghana* or Indonesia* or west or east or japan* or south or asylum or refugee* or SEND or diet* or eat* or radicalis* or Ethiopia* or Hong))*

No date or study design restrictions were imposed in the search. The review team searched for papers published in the English language only.

The research team identified most of the relevant grey literature through the Social Policy and Practice (SPP) database. The SPP database is a major source of grey literature for the social care sector; around 30% of total SPP content is grey literature.

In addition to searching the databases, one author (AG) conducted searched for additional grey literature using the following websites discussed and agreed with the project Advisory Group:

- British Library Catalogue
- British Association of Social Workers (BASW)
- Centre for Excellence and Outcomes in Children and Young People's Service (C4EO)
- National Children's Bureau (NCB)
- National Society for the Protection of Children against Cruelty (NSPCC)

KH and MS provided sector expertise, reviewing the final list of papers that were included, highlighting additional material. Resources did not allow for manual searches of relevant journals.

3.4 Study selection

The review team screened the abstracts of all publications identified by searches. Two members of the team (TM and MA) contributed to screening abstracts. They both screened the same hits from the Web of Science database to ensure good inter-rater

¹⁶ Details of string development methodology are available from the lead author on request.



reliability of selection for full text retrieval. They discussed selections until agreed criteria produced complete consensus. From that point they screened hits from remaining databases independently, whilst undertaking regular checks to ensure consistent application of inclusion and exclusion criteria.

The project manager (EC) uploaded details of papers selected for full text retrieval onto the team's in-house reference management software and checked for duplicates.

Two members of the review team (TM and MA) screened the same ten full texts to decide on whether they met the criteria for inclusion in the review. They agreed on the outcomes for all ten texts. From that point, they divided the remaining texts equally between them and screened independently.

3.5 Data extraction

The review team used three different data extraction tools depending on type of publication: evidence reviews; empirical research evaluating interventions; and reports of teenager and carer views, reports of local authority committees, and organisational and expert intelligence.

The team assessed the quality of reviews against eight criteria:

1. Review method
2. Search strategy
3. Data collection (sift)
4. Quality appraisal

5. Data analysis/synthesis (quantitative)
6. Qualitative synthesis
7. Interpretation and reporting of results
8. Credibility of conclusions

We assessed the quality of empirical research studies on seven criteria:

1. Research rationale
2. Research design
3. Sampling
4. Data collection
5. Data analysis
6. Interpretation and reporting of results
7. Credibility of conclusions

These criteria are based on the Critical Appraisal Skills Programme (CASP) checklists that cover eight research designs, methodological rigour, data analysis and validity of conclusions.¹⁷

In addition, the assessment tool includes the widely used Maryland Scientific Methods Scale to categorise experimental research designs of impact evaluations.^{18 19 20}

We assessed the quality of grey literature on six criteria:

1. Authority
2. Purpose
3. Publication and format

17 Critical Appraisal Skills Programme (n.d.). CASP Checklists. <https://casp-uk.net/casp-tools-checklists/>

18 Farrington, D. P., & Petrosino, A. (2001). The Campbell collaboration crime and justice group. *The Annals of the American Academy of Political and Social Science*, 578(1), 35-49.

19 Guide to scoring methods using the Maryland Scientific Methods Scale (whatworksgrowth.org)

20 Magenta_Book_supplementary_guide._Government_Analytical_Evaluation_Capabilities_Framework.pdf (publishing.service.gov.uk)



4. Relevance
5. Date of publication
6. Documentation

The criteria above are based on the widely used AACODS checklist for the evaluation of grey literature.²¹ The AACODS scale is recommended for the evaluation of grey literature by multiple university library services, the National Institute for Clinical Excellence,²² and the US National Institute of Health.²³

Two review team members (TM and MA) took a random sample of ten papers and extracted data independently. We weighted the sample to include examples of all three publication types. Quality assessment scores were compared, and an acceptable level of inter-rater reliability (in excess of 80%) achieved. The same two review team members divided the remaining papers equally and undertook quality assessment independently. All assessment data was entered onto the reference management software by EC.

Multiple publications from the same study were treated as separate papers only if post hoc analysis used different data set elements.

3.6 Study design categorisation

The review includes three types of publications:

1. Evidence reviews
2. Empirical research investigating interventions

3. Reports of teenager and carer views, reports of local authority committees, and organisational and expert intelligence

The quality assessment tool categorises evidence reviews as follows:

Literature review: collates studies that are relevant to a particular topic and summarizes and appraises the research in order to draw conclusions from it. They do not explicitly set out how the studies have been found, included, and analysed.

Quick scoping review: overview of research undertaken on a specific topic to determine the range of studies available.

Rapid evidence assessment (REA): uses systematic review methods to search and critically appraise existing research. They aim to be rigorous and explicit in method and thus systematic but make concessions to the breadth or depth of the process by limiting aspects of the systematic review process.

Full systematic review: includes explicit objectives and studies are chosen on explicit criteria. Searches use electronic and print sources, grey literature, hand searches of journals and textbooks, searching of specialist websites, and use of personal contacts. Each study found is screened according to uniform criteria and the reasons for excluding studies are clearly documented.

Multi-arm systematic review: full synthesis as in a systematic review but with different sub-questions looking at distinct types of evidence.

21 Tyndall, J. (2010). The AACODS checklist. Flinders University. https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf;jsessionid=460074D842978E2544C2584BEAFC639B?sequence=4

22 Appendix 2 Checklists | Interim methods guide for developing service guidance 2014 | Guidance | NICE

23 ANNEX 4. SELECTION OF TOOLS FOR APPRAISING EVIDENCE - A Resource for Developing an Evidence Synthesis Report for Policy-Making - NCBI Bookshelf (nih.gov)



Review of reviews: Only includes existing reviews, preferably systematic, rather than primary studies. Each review should be screened to assess how systematic and comprehensive it is.

The review team use a standard definition of empirical research: based on observed and measured phenomena and deriving knowledge from actual experience rather than from theory or belief.²⁴ As such empirical research includes both quantitative and qualitative designs.²⁵ More specifically, the assessment tool for empirical research papers makes the following distinctions:

Quantitative designs - Experimental (RCT's) Quasi-experimental (e.g., Single group pre and post-test design; Non-equivalent comparison group design; Regression discontinuity design); Non-experimental (no comparison group) (e.g., interrupted time series design - post-hoc survey or before-after surveys; secondary data analysis);

Qualitative designs - Direct observation; participative observation; auto-ethnography; structured/semi-structured/unstructured interviews/ focus groups.

Mixed methods - combinations of the above.

The team's grey literature assessment tool categorises materials on the basis of the authors' authority, relevance to the review questions and extent to which claims made are supported by specific citations.

3.7 Publication bias assessment

The review team did not conduct a meta-analysis of empirical research papers due to the lack of data on robust effect sizes. Consequently, we were not able to conduct standardised tests such as funnel-plot-based methods, to assess and adjust for publication bias across the review. However, we did search for grey literature studies (e.g., theses, etc.) to minimise publication selection bias.

In terms of assessing bias in individual papers, the team's quality assessment tools provide the means to assess methodological limitations.

3.8 Assessing the strength of evidence

The review team used the data extracted using standardised forms, to assess the cumulative strength of evidence identified in the review. They assessed strength of evidence against four essential characteristics as described by the Department for International Development (DfID).²⁶

- The quality of individual articles or papers
- The quantity (number) of papers that make up the body of evidence
- The consistency of the findings from studies
- The context in which the available evidence has been collected: how well the evidence collected in a particular context can be generalised to another.

24 What is Empirical Research and How to Read It - Empirical Research in the Social Sciences and Education - Library Guides at Penn State University (psu.edu)

25 McGrath, J. E., & Johnson, B. A. (2003). Methodology makes meaning: How both qualitative and quantitative paradigms shape evidence and its interpretation. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 31-48). American Psychological Association. <https://doi.org/10.1037/10595-003>

26 Critical Appraisal Skills Programme (n.d.). CASP Checklists. CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)



The DfID approach to assessing the cumulative strength of evidence is particularly well-suited to summarising studies typical of social research. It is informed by both the GRADE framework (designed for assessing the quality of medical evidence)²⁷ CASP checklists.²⁸

3.9 Data analysis and synthesis

Of the 56 publications included in the review, only eight reported empirical evaluations of interventions. In such circumstances, Cochrane guidelines specify using a narrative synthesis to report review findings.²⁹

The defining characteristic of this method is that it uses text to tell the story of the findings from the included studies. A narrative synthesis includes four key elements: (i) Developing a theory of how the intervention works, why and for whom; (ii) Developing a preliminary synthesis of findings of included studies; (iii) Exploring relationships in the data; and (iv) Assessing the robustness of the synthesis.³⁰

At the request of the Advisory Group, analysis includes an examination of how research findings can be translated into practice. Review team members with practitioner experience (MA, KH and MS) supported the report author to ensure findings were translated into actionable findings for policymakers and practitioners.

- 27 16 Guyatt, G.H., Oxman, A.D., Kunz, R., Vist, G.E., Falck-Ytter, Y., Schünemann, H.J. (2008). What is "quality of evidence" and why is it important to clinicians? *British Medical Journal*, 336:995. What is "quality of evidence" and why is it important to clinicians? | *The BMJ*
- 28 Critical Appraisal Skills Programme (n.d.). CASP Checklists. *CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme* (casp-uk.net)
- 29 Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). (2021). *Cochrane Handbook for Systematic Reviews of Interventions* version 6.2. Chichester (UK): John Wiley & Sons. Chapter 15: Interpreting results and drawing conclusions | *Cochrane Training*
- 30 Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S., (2006) Guidance on the conduct of narrative synthesis in systematic reviews: a product from the ESRC Methods Programme. Lancaster University. (5) (PDF) Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme (researchgate.net)



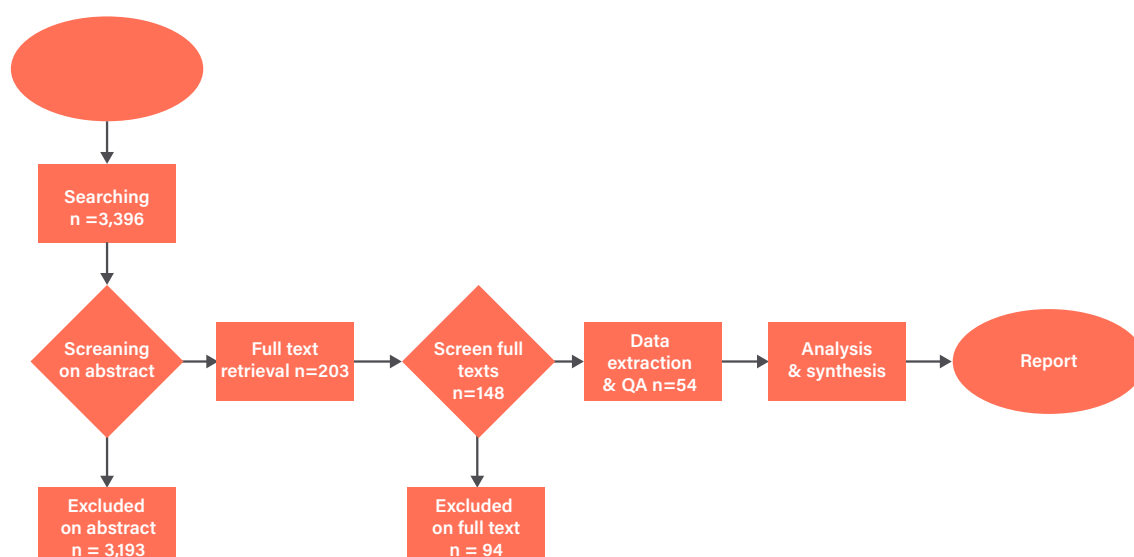
4. RESULTS

4.1 Search Results

Database searching produced a total of 3,396 records. The review team screened the abstracts of those records using the inclusion and exclusion criteria described in Section 3 of this report, excluding 3,193. The team identified 52 duplicates among the 203 records selected for full text retrieval. Of the remaining 151, the team obtained full texts for 148 records. On reading the full texts, the team excluded a further 94, leaving a total of 54 for inclusion in the final review. The team did not systematically record reasons for exclusion of the 94 full texts other than that they failed to meet inclusion criteria. Figure 4.1 provides a summary of the search process.

Our sector experts then identified a further two publications for inclusion, increasing the final number of included texts to 56.

Figure 4.1 Search process flow diagram





4.2 Characteristics of included studies

4.2.1 Characteristics of included evidence reviews (N=12; listed alphabetically to facilitate identification)

Table 4.2.1. Characteristics of included evidence reviews

Reference: Adler (2016) Review type: Rapid Evidence Assessment Quality score: 12/16	Search sources stated: Yes Search terms reported: Yes Quality appraisal: Yes Number of papers: 164
Findings: In all settings young people need to be encouraged to develop agency, autonomy, and respect for others as well as themselves. This requires commitment from both staff and young people.	
Reference: Anderson (2018) Review type: Literature review Quality score: 3/16	Search sources stated: No Search terms reported: No Quality appraisal: No Number of papers: n/a
Findings: Some support for Family Group Conferencing offering the potential for the layered welfare and justice needs of both young people involved in Harmful Sexual Behaviour to be addressed concurrently.	
Reference: Ashmore (2011) Review type: Literature review Quality score: 4/16	Search sources stated: No Search terms reported: No Quality appraisal: No Number of papers: n/a
Findings: Design services around the needs of service users and not around the needs of staff and individual services. Multi-Systemic Therapy provides a model for services on how it can be achieved by meeting a range of identified needs through one MST therapist.	



Table 4.2.1. Characteristics of included evidence reviews (continued)

Reference: James (2013)**Review type:** Quasi systematic review**Quality score:** 12/16**Search sources stated:** Yes**Search terms reported:** Yes**Quality appraisal:** Yes**Number of papers:** 13

Findings: Outcomes of interventions positive, but questions remain over the methodological robustness of studies. Interventions which do not require involvement of parents may be most appropriate in these settings. Likely that evidence-based practices are being implemented in many residential settings but without any formal evaluation and therefore evidence of effective interventions are not shared.

Reference: Maxwell (2020)**Review type:** Quick scoping review**Quality score:** 7/16**Search sources stated:** Yes**Search terms reported:** Yes**Quality appraisal:** No**Number of papers:** 13

Findings: There is a need for a developmental approach that includes primary prevention to stop young people from engaging in their first acts of violence and secondary and tertiary prevention that supports and safely diverts young people away from future violence. Range of interventions needed that are tailored to the needs of young people and the local context in which they are situated.

Reference: Maxwell (2020)**Review type:** Quick scoping review**Quality score:** 7/16**Search sources stated:** Yes**Search terms reported:** Yes**Quality appraisal:** No**Number of papers:** 53

Findings: Current lack of reliable data renders it difficult to determine whether child criminal exploitation is increasing or whether the figures represent growing awareness of it. While the review found a call for better coordination of services and assessments of risk, there is limited evidence regarding what approaches are effective. Three key elements appear important: children are seen as the victims of criminal exploitation rather than the perpetrators of crime; children at risk of, or who are being criminally exploited require strengths-based, relationship driven approaches.



Table 4.2.1. Characteristics of included evidence reviews (continued)

Reference: Olaghere (2021)
Review type: Systematic review
Quality score: 16/16

Search sources stated: Yes
Search terms reported: Yes
Quality appraisal: Yes
Number of papers: 29

Findings: Overall, evidence is modest and inconclusive, but encouraging in terms of the effectiveness of trauma-informed treatment programs for traumatised youth either at risk or involved in the justice system. When combined with results from other meta-analyses, the small number of studies with small sample sizes in our meta-analysis suggests trauma treatment programs are effective.

Reference: Oxford Brookes University (2015)
Review type: Rapid review
Quality score: 5/16

Search sources stated: Yes
Search terms reported: No
Quality appraisal: No
Number of papers: Not stated

Findings: Foster care is generally more appropriate for those at risk, or victims, of CSE, but that 'chaotic behaviour' often leads to young people being placed in residential units. Young people themselves have raised concerns about the instability and uncertainty of being in care, physical safety, their relationships with carers, restrictions, the suitability of temporary accommodation, and shame and stigma because of living conditions

Reference: Statham (2004)
Review type: Rapid review
Quality score: 8/16

Search sources stated: Yes
Search terms reported: No
Quality appraisal: Yes
Number of papers: Not stated

Findings: Themes that underpin the most promising approaches to supporting children in special circumstances include: (1) a holistic, multi-agency approach addressing the needs of the whole child (2) the importance of links between adults' and children's services so that children who are in need because of their parents' circumstances can be identified and supported; and (3) the value of providing children in special circumstances with intensive, targeted support within a framework of universal provision.



Table 4.2.1. Characteristics of included evidence reviews (continued)

Reference: Tolan (2014)
Review type: Systematic review
Quality score: 15/16

Search sources stated: Yes
Search terms reported: Yes
Quality appraisal: Yes
Number of papers: 46

Findings: Broad support for mentoring for interventions related to delinquency and closely associated outcomes. Little information on what might explain these effects. The lack of specificity constrains comparisons and undercuts confidence about what it is that constitutes the processes and implementation features that make mentoring effective.

Reference: Walker (2019)
Review type: Rapid Evidence Assessment
Quality score: 11/16

Search sources stated: Yes
Search terms reported: Yes
Quality appraisal: Yes
Number of papers: 26

Findings: The evidence is not sufficiently detailed or robust to confidently provide evidence that CSE interventions are effective in reducing the risk or occurrence of CSE, nor increased health and wellbeing post-CSE (i.e., as compared with health and wellbeing in CSE survivors who did not receive such support).

Reference: Weisman (2019)
Review type: Review of reviews
Quality score: 14/16

Search sources stated: Yes
Search terms reported: No
Quality appraisal: Yes
Number of papers: 31

Findings: The evidence is not sufficiently detailed or robust to confidently provide evidence that CSE interventions are effective in reducing the risk or occurrence of CSE, nor increased health and wellbeing post-CSE (i.e., as compared with health and wellbeing in CSE survivors who did not receive such support).



4.2.2 Characteristics of included empirical studies (N=29)

Table 4.2.2. Characteristics of included empirical studies

Reference: Abel (2017)
Data collection methods: Qualitative interviews
Setting: Young people trading sex
Country: New Zealand
Sample: 14 young people aged 17-22
Key findings: To have any impact on outcomes for young people in care, social workers need to prioritise relationship-building.
Quality Score: 10/14

Reference: Alderson (2019)
Data collection methods: Qualitative interviews and focus groups with young people, their carers and professional
Setting: Social work
Country: UK
Sample: 19 looked after children aged 12 to 20, 16 carers and 14 professionals
Key findings: RCT of Motivational Enhancement Therapy and Social Behaviour and Network Therapy found feasible.
Quality Score: 12/14

Reference: Arnold (2007)
Data collection methods: Feedback from both case managers and participants and assessment of delivery personnel
Setting: Implementing Strength-Based Care Management with high-risk youth
Country: US
Sample: 11 young people aged 12-15
Key findings: Findings suggest it is feasible to successfully implement SBCM with adolescents, but the challenges are different with this group compared with adults.
Quality Score: 8/14



Table 4.2.2. Characteristics of included empirical studies (continued)

Reference: Biehal (2005)

Data collection methods: Semi-structured interviews

Setting: Services for young people at risk of placement

Country: England

Sample: 209 young people aged 11-16

Key findings: Young people referred to specialist support teams offering intensive service are less likely to enter placement.

Quality Score: 13/14

Reference: Boulton (2019)

Data collection methods: Thematic analysis of semi-structured interviews

Setting: Diverting young people from gangs

Country: England

Sample: 22 young men aged 13-18

Key findings: Preventative interventions, targeted at younger children, may generate better behavioural outcomes if they focus on building trusting relationships with credible support workers.

Quality Score: 11/14

Reference: Bounds (2020)

Data collection methods: Qualitative – focus groups

Setting: Social care/sexual exploitation

Country: US

Sample: Four focus groups with 29 young people

Key findings: Examined intervention called STRIVE. Found youth at risk for commercial sexual exploitation require strengths-based, individualised, multi-systemic approaches.

Quality Score: 10/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Child Safeguarding Practice Review Panel (2020)

Data collection methods: Interviews with professionals and families and children

Setting: Child safeguarding

Country: England

Sample: 100 practitioners, 21 parents and 6 children

Key findings: Trusted relationships are important. Takes persistence, time, and skill. The National Referral Mechanism is not well understood. Comprehensive risk management is important.

Quality Score: 12/14

Reference: Children's Commissioner for England (2019)

Data collection methods: Mixed methods including case reviews and survey data analysis

Setting: Social work

Country: England

Sample: Unspecified number of children, their families and the professionals working with them

Key findings: Adolescents may need a range of interventions. Trusting relationships with at least one adult central. Four step approach: Recognise vulnerability of adolescence; Ensure multiple agencies involved: Local level coordination; National response.

Quality Score: 12/14

Reference: Cordis Bright (2019)

Data collection methods: Interviews with staff and stakeholders, surveys, programme monitoring.

Setting: Child safety

Country: England

Sample: Unspecified numbers

Key findings: Key components in positive outcomes include training professionals to focus on contextual safeguarding.

Quality Score: 11/14

Reference: Dallos (2019)

Data collection methods: Multi-method longitudinal evaluation

Setting: PROMISE mentoring scheme

Country: England

Sample: 20 young people mean age of 14 at T1

Key findings: Mentoring was experienced very positively and contributed to both fostering a sense of trust and to reducing the insecure attachments.

Quality Score: 11/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Day (2017)

Data collection methods: Mixed methods design incorporating desk research, qualitative interviews with key stakeholders within the CAS service and partner organisations; qualitative interviews with young people and their families, and a Cost-Benefit Analysis (CBA).

Setting: Edge of care services

Country: England

Sample: 25 professionals, 20 young people, and 5 parents or carers

Key findings: Multi-professional, co-located teams, underpinned by social pedagogy and restorative practice. Similar to MST. 2/3 cases successfully closed within 18 months. Some savings due to fewer professionals involved per case and streamlined administrative processes.

Quality Score: 11/14

Reference: Dembo (2013)

Data collection methods: Interviews and outcome data on re-offending

Setting: Criminal Justice

Country: US

Sample: 183 truant youth enrolled in a brief intervention project

Key findings: Examines efficacy in reducing delinquent behaviour over time. Interim results provide overall support for the model.

Quality Score: 9/14

Reference: Fonagy (2020)

Data collection methods: Randomised controlled trial of multisystemic therapy (MST) compared with management as usual (MAU). Study reports on long-term follow-up of the trial (to 60 months).

Setting: Criminal Justice

Country: England

Sample: 487 families, young people average age 13.8 years

Key findings: No significant difference in offending behaviour or secondary measures. No evidence of cost effectiveness of MST compared with MAU. Young people and families positive. MST resulted in more maturity for young men.

Quality Score: 14/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Day (2017)

Data collection methods: Mixed methods design incorporating desk research, qualitative interviews with key stakeholders within the CAS service and partner organisations; qualitative interviews with young people and their families, and a Cost-Benefit Analysis (CBA).

Setting: Edge of care services

Country: England

Sample: 25 professionals, 20 young people, and 5 parents or carers

Key findings: Multi-professional, co-located teams, underpinned by social pedagogy and restorative practice. Similar to MST. 2/3 cases successfully closed within 18 months. Some savings due to fewer professionals involved per case and streamlined administrative processes.

Quality Score: 11/14

Reference: Gilligan (2016)

Data collection methods: Combinations of semi-structured interviews, focus group discussions, questionnaires, artwork, and poetry.

Setting: Child sexual exploitation

Country: England

Sample: 25 young people (one male) aged between 13 and 23 years

Key findings: Young people need: workers who are friendly, flexible, persevering, reliable and non-judgemental; information, advice, safe places, enrichment experiences and services available all hours; statutory services that listen, protect, and respect them.

Quality Score: 11/14

Reference: Hallett (2019)

Data collection methods: Combined quantitative and qualitative methodologies

Setting: Child sexual exploitation

Country: Wales

Sample: 205 cases: 49.8%; no risk, 16.6% were mild risk), 15.6% moderate risk and 18.0% significant risk

Key findings: Those who experienced CSE have higher rates of domestic abuse in their relationships, mental health conditions and substance abuse issues. 27 different approaches to intervention. Having a consistent supportive adult is most important.

Quality Score: 13/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Hamilton (2019)

Data collection methods: Collaborative reflection

Setting: Child sexual exploitation

Country: England

Sample: Three junior researchers and one senior academic

Key findings: Participating in research builds self-worth and self-esteem, and improved access to information, Group work with peers has protective value.

Quality Score: 4/14

Reference: Hudek (2018)

Data collection methods: Qualitative interviews

Setting: Criminal Justice – County Lines drug dealing

Country: England

Sample: T130: Statutory services staff, voluntary sector organisations, children involved in, or at risk of involvement in county lines activity, and their mothers

Key findings: Promising integrated approaches included taking a contextual safeguarding approach, partnership work with voluntary sector specialists, taking a trauma informed approach, and sharing effective practice.

Quality Score: 11/14

Reference: Leonard Consultancy (2020)

Data collection methods: 1. SBNI Member Agencies CSE Audit 2. Case File Reviews
3. Focus Group

Setting: Child sexual exploitation (CSE)

Country: Northern Ireland

Sample: 17 questionnaires from SBNI agencies, 15 case reviews, 9 focus groups

Key findings: Agencies take a strategic approach, but breadth, depth and responsiveness varies, creating inconsistency. Sharing of information, a significant concern.

Quality Score: 6/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Lloyd (2020)

Data collection methods: Case file analysis

Setting: Children's social care

Country: England

Sample: 841 children up to 18; harm related to extra-familial contexts; serious youth violence, criminal exploitation, or gang-related violence

Key findings: Young people abused in extra-familial settings most likely receive a 'no further action' decision from social workers. NFAs aligned to the legal and cultural parameters of social work and child protection practice, raising questions about the sufficiency of safeguarding for young people suffering extra-familial abuse.

Quality Score: 9/14

Reference: LGA (2020)

Data collection methods: Case studies of local practice

Setting: Children's social care

Country: England

Sample: 10 local authorities

Key findings: Recommends: Multi-agency partnerships; Sharing a common goal; Buy-in to a public health approach; Data analysis and information-sharing; Evidence-led interventions; Involving young people; Strengths-based approach; Engaging the wider community; Training and support for staff; Ensuring longer-term sustainability.

Quality Score: 6/14

Reference: McNeish (2019)

Data collection methods: Multi-method approach including interviews, questionnaires, and case file analysis

Setting: Child sexual exploitation

Country: England

Sample: 73 interviews, 1200 questionnaire responses, 71 case files

Key findings: 'ReachOut' operates at three levels of prevention: community outreach, school-based preventative education and direct support to children and young people. Confirmed to be generally effective.

Quality Score: 11/14



Table 4.2.2. Characteristics of included empirical studies (continued)

Reference: Munford (2015)

Data collection methods: Mixed-methods study

Setting: Multi service social work intervention with children at risk

Country: New Zealand

Sample: 605 people aged 13-17 who used multiple services

Key findings: Social workers can help young people to make sense of their worlds and build positive identities by working to create safe, secure, and warm relationships.

Quality Score: 11/14

Reference: O'Connor (2014)

Data collection methods: Mixed methods including interviews

Setting: Social care

Country: Wales

Sample: 27 families affected by parental substance misuse and child protection concerns

Key findings: Importance of early and on-going interventions for young people that promote resilience and support transition into adulthood whilst recognising the needs and attachments in family networks.

Quality Score: 11/14

Reference: Sanders (2015)

Data collection methods: Questionnaire study incl. Resilience, Individual Risk, Contextual Risk, Service Use History, Service Use Experience and Wellbeing Outcomes.

Setting: Child welfare/criminal justice

Country: New Zealand

Sample: N=605 young people aged 12-17 who were concurrent clients of two or more services

Key findings: Those receiving services perceived as empowering and respectful, reported enhanced resilience, which was associated with better wellbeing outcomes.

Quality Score: 11/14

**Table 4.2.2. Characteristics of included empirical studies (continued)**

Reference: Shklarski (2016)

Data collection methods: Mixed methods.

Setting: Data extracted from socio-demographic questionnaires, case records, interviews with Family Finding team members, and the Youth Connections Scale.

Country: US

Sample: N=40 youth aged 10 to 21 in foster or residential care for more than six months

Key findings: Searching for and engaging family and kin can expand the social support network and lifelong connections for youth who have been placed out of the home. The effectiveness in achieving permanency is more ambiguous.

Quality Score: 9/14

Reference: Shuker (2015)

Data collection methods: Analysis of placement documentation, interviews, and weekly monitoring logs

Setting: Social care

Country: England

Sample: Specialist foster carers, young people, fostering and social workers across 13 placements

Key findings: Stable relationships in child protection are important. Commissioning short-term CSE interventions are unlikely to create the relational security that can improve safety.

Quality Score: 10/14

Reference: Shuker (2019)

Data collection methods: Quantitative and qualitative data from the pretraining and post training evaluation surveys and inline survey

Setting: Social care

Country: England

Sample: 352 foster carers

Key findings: Carers fostering teenagers where CSE is a concern could use training to improve short-term confidence. Fostering agencies could usefully create a pathway to further learning.

Quality Score: 10/14



Table 4.2.2. Characteristics of included empirical studies (continued)

Reference: Thomas (2017)

Data collection methods: Mixed methods including interviews

Setting: Social care

Country: England

Sample: 31 families in FCASE programme to embed effective practice for safeguarding children and young people

Key findings: Good practice includes parallel working with parents, carers and young people, and flexibility. Empathy, listening skills and not being too procedure-bound are key skills, and the ability to connect with and engage clients.

Quality Score: 8/14

Reference: Yoon (2018)

Data collection methods: Secondary data analysis of data from the of the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) study

Setting: Social care

Country: US

Sample: 499 pre-adolescents aged 12 years

Key findings: Findings suggest policies and interventions aimed at improving the quality of fathers' relationships and involvement with their children may be helpful in reducing behaviour problems in adolescents at risk of maltreatment.

Quality Score: 9/14



4.2.3 Characteristics of included reports (N=15)

Table 4.2.3. Characteristics of included reports

Reference: Buzzi (2020)

Area of author expertise: Social Work England (the regulator)

Publication format: Practice guidance

Sources cited: No

Relevance/key implications: Provides an overview of when it is appropriate for social workers to assess online risks for young people, how to do so, the benefits and risks of social media - what these are and how to assess them.

Quality Score: 8/12

Reference: Cameron (2003)

Area of author expertise: Social work - Canada

Publication format: Peer reviewed journal

Sources cited: Yes

Relevance/key implications: The article examines program evidence for maltreated teens as well as teens coping with a variety of other challenges. The study uses a framework based on common developmental challenges and risk factors for adolescents to select and review programs. Multi-component: clearest consensus within literature is that multi agency is most effective.

Quality Score: 9/12

Reference: Cocker (2021)

Area of author expertise: Professor at UEA

Publication format: Peer reviewed journal

Sources cited: Yes

Relevance/key implications: Presents the case for developing a Transitional Safeguarding approach to create an integrated paradigm for safeguarding young people that better meets their developmental needs and better reflects the nature of harms young people face.

Quality Score: 12/12



Table 4.2.3. Characteristics of included reports (continued)

Reference: Department for Education (2010)

Area of author expertise: Responsible government department

Publication format: Guidance for multiagency professionals to safeguard CYP affected by gangs

Sources cited: No

Relevance/key implications: Based upon Every Child Matters Framework. See those involved in gangs not only as perpetrators but also victims. Details risks and how to identify CYP at risk, referral and assessment, the role of local safeguarding children's board.

Quality Score: 8/12

Reference: Early Intervention Foundation. (2015)

Area of author expertise: Child development, early intervention

Publication format: Government report

Sources cited: No

Relevance/key implications: Cumulative risk of gang involvement is important. Any assessment tools should be used alongside professional judgement. Prevention: Skills based and family focussed are the most robustly evaluated - mentoring, community and sports interventions show promise but with limited evidence.

Quality Score: 9/12

Reference: Firmin (2018)

Area of author expertise: Professor at University of Bedfordshire.

Publication format: Peer reviewed journal article

Sources cited: Yes

Relevance/key implications: Introduces a systematic methodology to conducting case reviews in incidents of serious harm or child death when the causes are extrafamilial harm. Advocates that the case review should be completed in 3 sections: 1) The incident and the young people involved. 2) Associated contexts; 3). Response - what was the contact that young people had with services leading up to the incident.

Quality Score: 11/12



Table 4.2.3. Characteristics of included reports (continued)

Reference: Firmin (2018b)

Area of author expertise: Professor at University of Bedfordshire.

Publication format: Peer reviewed journal article

Sources cited: Yes

Relevance/key implications: Argues that multi-agency partnerships are required which can identify, assess, and intervene with the norms in peer groups, schools and public spaces that can facilitate peer-on-peer abuse and undermine parental capacity to keep young people safe - thereby adopting a more contextual approach to safeguarding adolescents.

Quality Score: 11/12

Reference: Gibson (2014)

Area of author expertise: Senior lecturer at Birmingham University

Publication format: Peer reviewed journal article

Sources cited: Yes

Relevance/key implications: Discusses signs of safety approach in Australia. Engaging an adolescent in their own safety plan (around harmful sexual behaviour) using a combination of SoS and narrative approach. Involves more family support than just professionals. Enables young person to be engaged in difficult conversations, offers a high quality of care whilst controlling difficult behaviours, allows them to be involved in planning.

Quality Score: 10/12

Reference: Hanson (2014)

Area of author expertise: Social care and child development

Publication format: Research in Practice website

Sources cited: Yes

Relevance/key implications: Need to support those who work with this age group, multi-agency working, develop resilience and strengths, encourage participation, intervene earlier in CYP lives, and develop primary and secondary approaches. Suggests Dialectical Behaviour Therapy can appeal to this age group.

Quality Score: 7/12

**Table 4.2.3. Characteristics of included reports (continued)**

Reference: Home Office (2017)

Area of author expertise: Government department

Publication format: Online report

Sources cited: No

Relevance/key implications: Guidance about how to respond to county lines - what county lines are, how to identify it might be happening and how to respond. It is relevant because it is guidance from the home office and refers to one of the key risks for extrafamilial harms, but it does not specify particular interventions - rather it is about how to make referrals to relevant agencies.

Quality Score: 9/12

Reference: McNeil (2013)

Area of author expertise: Widely cited author

Publication format: Peer reviewed journal article

Sources cited: Yes

Relevance/key implications: Proposes a community structural intervention for low-income families who present to therapy with the concern of an adolescent at risk for gang involvement. The proposed intervention utilises structural family therapy and community family therapy as a model to impact change at the family system, its interrelated systems, and the system at which the family is embedded.

Quality Score: 10/12

Reference: OFSTED (2013)

Area of author expertise: Government social care inspection agency

Publication format: Online report

Sources cited: No

Relevance/key implications: Reports on Northumberland implementation of an effective risk management model to safeguard adolescents who are at risk of significant harm from their own behaviour. Includes information about the risk management framework, a multi-agency partnership approach and engaging young people.

Quality Score: 8/12



Table 4.2.3. Characteristics of included reports (continued)

Reference: Owens (2019)

Area of author expertise: Practitioner/researcher University of Bedfordshire Contextual Safeguarding Team

Publication format: Online and hard copy

Sources cited: No

Relevance/key implications: Document designed to support practitioners to undertake assessments which are holistic in nature – considering both the context of children's experiences within their family home and in other social spaces.

Quality Score: 7/12

Reference: Ward (2014)

Area of author expertise: Local government social care Safeguarding Team

Publication format: Council report published online

Sources cited: Yes

Relevance/key implications: Report on Birmingham City Council's role in tackling CSE. Highlights importance of consistent, joined up multi-agency working. Recommends focus on dealing with offenders, targeting locations, protecting victims and prevention.

Quality Score: 8/12

Reference: Williams (2011)

Area of author expertise: PhD on mentoring and widely published since

Publication format: Peer reviewed journal article

Sources cited: Yes

Relevance/key implications: US paper posits that interventions created to serve at-risk youth could ostensibly address the needs of youth in foster care as well, given that they often face similar social, emotional, and other challenges. Specifically, the author posits that supporting foster care youth using mentoring and social skills training could reduce the negative outcomes far too common for many of these young people.

Quality Score: 8/12



4.3 Risk of bias within studies

The review team assessed the quality of all included publications on criteria based on the eight Critical Appraisal Skills Programme (CASP) checklists³¹ that cover research design, methodological rigour, data analysis and validity of conclusions.

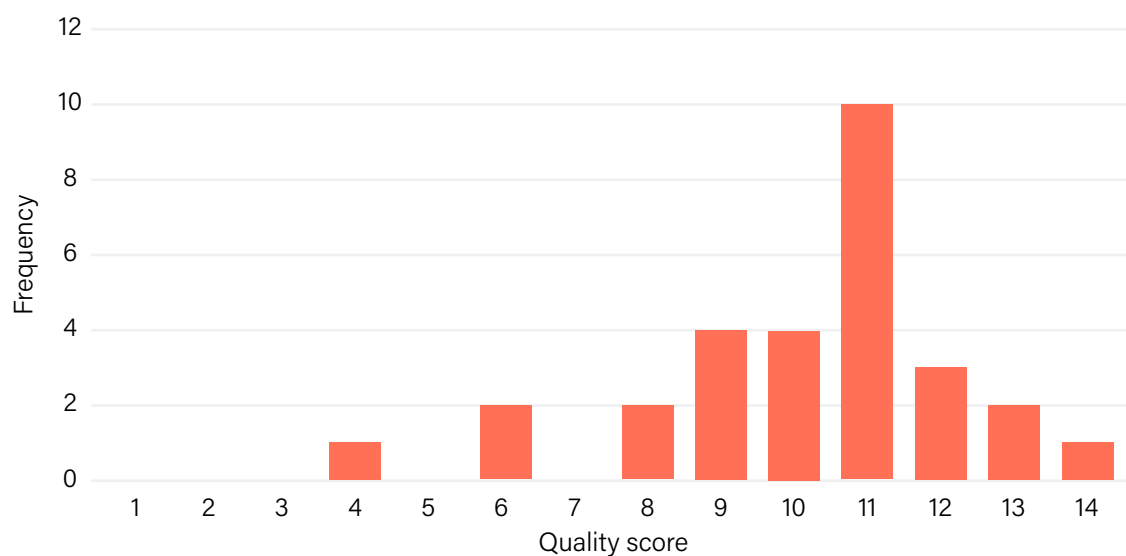
The quality of empirical studies of all designs, as set out above, are assessed on seven criteria:

1. Research rationale
2. Research design
3. Sampling
4. Data collection
5. Data analysis
6. Interpretation and reporting of results
7. Credibility of conclusions

Empirical studies can receive a maximum score of 14. The figure below sets out the distribution of quality scores across the 29 empirical studies included in the review.

Figure 4.3.1 Distribution of quality scores across empirical studies

Quality of empirical studies (max 14)



31 Critical Appraisal Skills Programme (n.d.). CASP Checklists. CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)



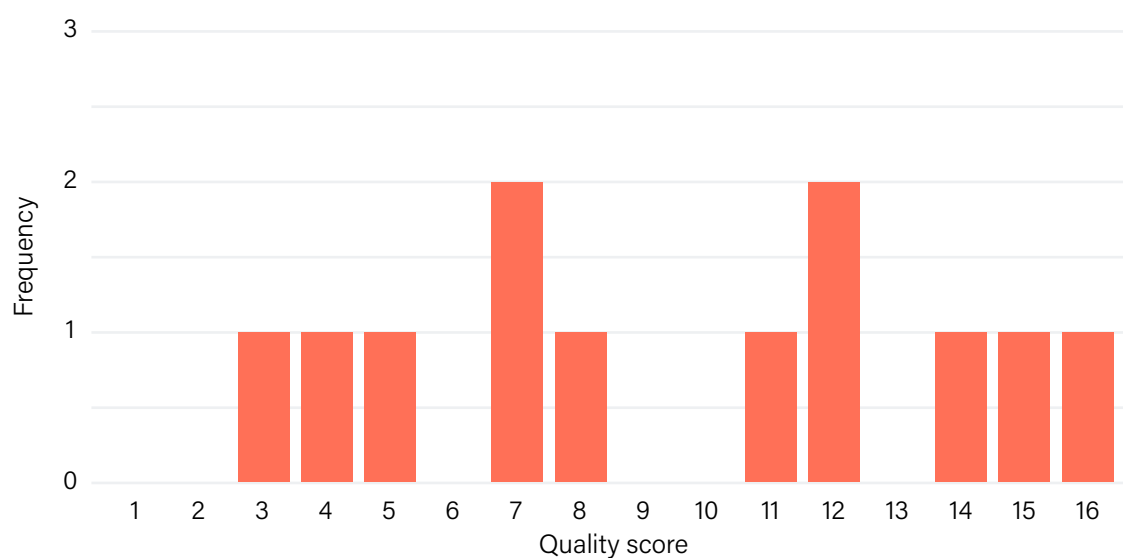
The team assessed the quality of reviews on eight criteria:

1. Review method
2. Search strategy
3. Data collection (sift)
4. Quality appraisal
5. Data analysis/synthesis (quantitative)
6. Qualitative synthesis
7. Interpretation and reporting of results
8. Credibility of conclusions

Review papers can receive a maximum score of 16. Figure 4.3.2 shows the distribution of quality scores across the 12 review papers included in the review.

Figure 4.3.2 Distribution of quality scores across review papers

Quality of review papers (max 16)





The team assessed quality of reports on six criteria based on the widely used AACODS checklist for the evaluation of grey literature:³²

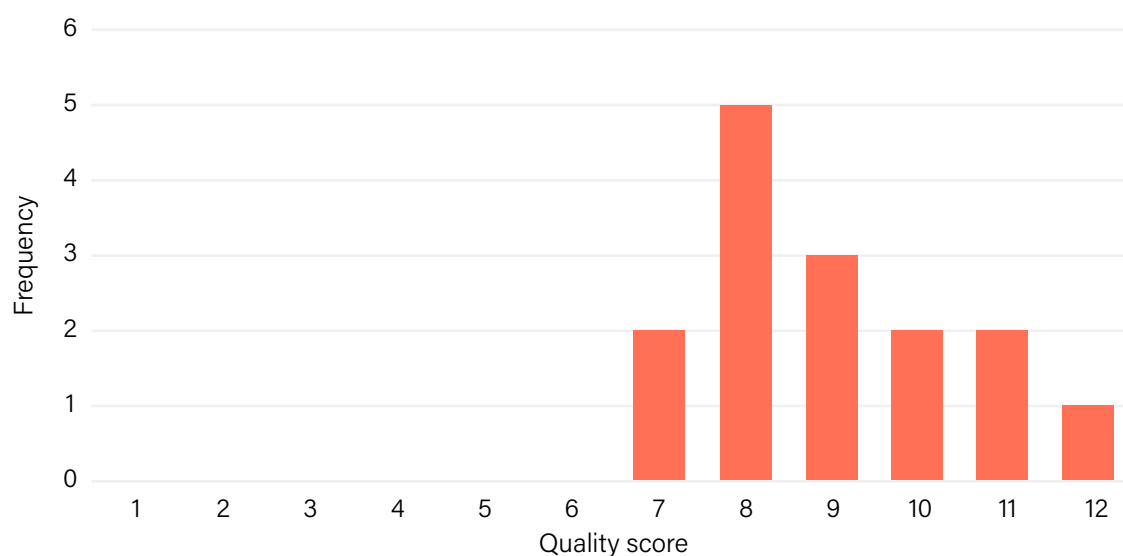
1. Authority
2. Purpose
3. Publication and format
4. Relevance
5. Date of publication
6. Documentation

Reports included unpublished reports from experts working in the field, theses, and dissertations. The review team assessed papers identified from grey literature searches that described empirical research using the seven empirical research criteria.

Reports can receive a maximum score of 12. Figure 4.3.3 shows the distribution of quality scores across the 15 reports included in the review.

Figure 4.3.3 Distribution of quality scores across reports

Quality of reports (max 12)



32 Tyndall, J. (2010). The AACODS checklist. Flinders University. AACODS_Checklist.pdf;jsessionid=460074D842978E2544C2584BEAFC639B (flinders.edu.au)



4.4 Strength of evidence assessment

The team rated the overall cumulative strength of evidence as 'medium'. They assessed the quality of papers included in the review to be moderate (although recognising there were only a limited number of high-quality studies); they judged the overall size of the evidence body as medium, consistency as generally good, and most papers to cover issues generally relevant.

The review team assessed the cumulative strength of evidence against four essential characteristics as described by the Department for International Development (DfID).³³

- The quality of individual articles or papers
- The quantity (number) of papers that make up the body of evidence
- The consistency of the findings from studies
- The context in which the available evidence has been collected: how well the evidence collected in a particular context can be generalised to another.

The DfID approach to assessing the cumulative strength of evidence is particularly well-suited to summarising studies typical of social research. It is informed by both the GRADE framework (designed for assessing the quality of medical evidence), and CASP checklists.^{34 35}

The DfID cumulative strength of evidence scale has five levels:

Very strong - High quality body of evidence, large in size, consistent, and closely matched to the specific context of the business case.

Strong - High quality body of evidence, large or medium in size, generally consistent, and matched to the specific context of the business case.

Medium - Moderate quality studies, medium size evidence body, generally consistent, which may or may not be relevant to the specific context of the business case. Also covers a limited number of high-quality studies.

Limited - Moderate or low-quality studies, small or medium size body, inconsistent, not matched to specific context of the business case.

No evidence - No studies or impact evaluations exist.

33 Department for International Development (2014). "Assessing the Strength of Evidence" How to Note. London: DfID Guidance overview: How to Note: Assessing the Strength of Evidence - GOV.UK (www.gov.uk)

34 Guyatt, G.H., Oxman, A.D., Kunz, R., Vist, G.E., Falck-Ytter, Y., Schünemann, H.J. (2008). What is "quality of evidence" and why is it important to clinicians? *British Medical Journal*, 336:995. What is "quality of evidence" and why is it important to clinicians? | *The BMJ*

35 Critical Appraisal Skills Programme (n.d.). CASP Checklists. CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)



4.5 Synthesis of results

The review has focussed on two key questions:

1. What interventions have been put in place to respond to the needs of teenagers involved with children's social care and are these effective?
2. What are the barriers and facilitators to implementation of interventions and does evidence suggest they are acceptable to target groups?

This section of the report considers how the evidence reviewed by the research team reflects on these two questions.

Question 1: What interventions have been put in place to respond to the needs of teenagers involved with children's social care and are these effective?

The review team has organised its synthesis of the evidence pertinent to this first question under the following headings:

- A list of interventions described in empirical research publications and evidence reviews
- Discussion of the quality of impact evaluations included in the review
- Analysis of the extent to which listed intervention evaluations provide evidence of efficacy

- Summary of evidence regarding cost benefit of specific interventions.

The team included nine publications in the analysis of research question one around the effectiveness of interventions designed to improve outcomes for teenagers at risk of extra-familial harms.

Interventions described in empirical research publications and evidence reviews

The model of evidence reviews developed in medical science commonly involves assessing the efficacy of interventions designed to address specific conditions. In the case of teenagers involved with children's social care, the complex relationship between potential harms and teenage vulnerabilities can render that model less pertinent.³⁶

The evidence the team has reviewed is consistent: teenagers involved with children's social care are rarely at risk of one or two harms. The literature invariably describes teenagers labelled 'at risk' as facing multiple challenges including low resilience, poor self-esteem, and fragile well-being.³⁷ They are vulnerable to a range of extrafamilial harms. Those may include drug abuse, sexual exploitation, or serious organized crime for example.³⁸

For that reason, many teenagers involved with children's social care are at the same time engaged with the criminal justice system.³⁹ Consequently, whilst the review was

36 Firmin, C., & Lloyd, J. (2020). Contextual Safeguarding: A 2020 update on the operational, strategic, and conceptual framework. Luton: University of Bedfordshire.

37 Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive

38 Adler, J. R., Edwards, S., Scally, M., Gill, D., Puniskis, M. J., Gekoski, A., & Horvath, M. A. (2016). What works in managing young people who offend? A summary of the international evidence. Ministry of Justice Analytical Series.

39 Olaghere, A., Wilson, D. B., & Kimbrell, C. S. (2021). Trauma-Informed Interventions for At-Risk and Justice-Involved Youth: A Meta-Analysis. *Criminal Justice and Behavior*, 48(9), 1261-1277.00938548211003117.



primarily concerned with the experiences of teenagers in contact with social care, a substantial proportion of research the team has included in the review comes from the criminal justice field.

In addition, it is important to note that some social work professionals and researchers have challenged use of the term intervention. Their objection is that it implies doing something to others without their consent, which runs counter to a widely held belief that social care works best when it is delivered as part of an alliance between social workers and service users.⁴⁰

Interventions described in the empirical impact evaluations included in the review fall into two categories: named interventions, and those based on a more general approach. Multi-System Therapy (MST) is an example of the former, and early intervention an example of the latter.⁴¹

Publications reporting empirical impact evaluations included in the review describe the following named interventions:

1. Motivational Enhancement Therapy and Social Behaviour and Network Therapy
2. Strength-Based Care Management
3. Multisystemic Therapy

4. Trauma informed approach

5. Mentoring

Motivational Enhancement Therapy and Social Behaviour and Network Therapy (SBNT)

Motivational Enhancement Therapy (MET) is a client-centred counselling approach based on motivational interviewing. MET approaches assume the motivation and responsibility for change lie within the client. The role of the therapist is to create the conditions within which clients can change.

Social Behaviour and Network Therapy (SBNT) is a systematic counselling approach based on cognitive and behavioural approaches. It is designed to help clients build social networks supportive of positive behaviour change in relation to their substance use and goal attainment.

Evidence suggests MET and SBNT can be effective in decreasing substance use amongst adolescents.^{42 43} Very little research has looked at their effect on young people involved with children's social care.

40 Parker, J., & Doel, M. (Eds.). (2013). Professional social work. Learning Matters.

41 The term intervention is sometimes challenged within social work because of its suggestion of doing something to others without their consent. As with counselling and therapy, it is most valuable when put together as part of an alliance between social workers and service users

42 Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on social work practice*, 20(2), 137-160.

43 Watson, J., Toner, P., Day, D. B., Brady, L. M., Fairhurst, C., Renwick, C., ... & Copello, A. (2017). Youth social behaviour and network therapy (Y-SBNT): adaptation of a family and social network intervention for young people who misuse alcohol and drugs-a randomised controlled feasibility trial. *Health Technology Assessment (Winchester, England)*, 21(15),



Strength-Based Care Management

Strengths-Based Case Management (SBCM) has evidence of efficacy for adults with chronic mental illness and adults with substance abuse problems.^{44 45}

The SBCM model is based on six principles: (1) The focus is on individual strengths rather than pathology; (2) the community is viewed as an oasis of resources; (3) interventions are based on client self-determination; (4) the case manager–client relationship is primary and essential; (5) aggressive outreach is the preferred mode of intervention; and (6) people can learn, grow, and change.

Engagement and the development of a relationship with the client is a key element of the SBCM approach.⁴⁶

Multisystemic Therapy

Multisystemic therapy (MST) is an intensive family-based therapy that emphasises involving all possible contributing sources to the young person's antisocial behaviour, including home and family, peers, school, and the community. Developed in the US, MST is a manualised, licensed programme aimed at young people exhibiting antisocial behaviour and their families.

The approach combines elements of cognitive, behavioural, and family therapy. Evidence from US studies suggests MST can result in better outcomes than management as usual (MAU). However, evidence from studies conducted outside of the US is more equivocal.⁴⁷

Trauma informed approach

Trauma informed (TI) approaches assume that adverse childhood experiences (ACE) occurring through childhood or adolescence can have a significant impact on physical and mental health throughout life.

The approach was developed in the US and is now widely used across sectors.⁴⁸ TI is defined as 'a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, which emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.'⁴⁹

- 44 Modicrin, M., Rapp, C., & Poertner, J. (1988). The evaluation of case management services with the chronically mentally ill. *Evaluation and Program Planning*, 11, 307–314.
- 45 Siegal, H. A., Rapp, R. C., Kelliher, C. W., Fisher, J. H., Wagner, J. H., & Cole, P. A. (1995). The strengths perspective of case management: A promising inpatient substance abuse treatment enhancement. *Journal of Psychoactive Drugs*, 27, 67–72.
- 46 Rapp, C. A. (1998b). *The strengths model: Case management with people suffering from severe and persistent mental illness*. Oxford, UK: Oxford University Press.
- 47 Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I, et al. (2020). Multisystemic therapy compared with management as usual for adolescents at risk of offending: the START II RCT. *Health Services and Delivery Research*, 8(23)
- 48 Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's concept of trauma and guidance for a trauma-informed approach. SAMHSA, 2017. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- 49 Hopper EK, Bassuk EL, Olivet J. (2010) Shelter from the storm: trauma-informed care in homelessness services setting. *J Health Serv Res Policy* 3:80–100.



Mentoring

At its simplest, mentoring describes a relationship between a mentor and mentee that constitutes a substantial presence of a consistent and benevolent figure in the lives of young people.

Research has provided some evidence that mentoring can offer young people a positive and supportive relationship that can compensate for the lack of close relationships.^{50 51} It has also been suggested that mentoring can promote resilience amongst young people.⁵²

The review team included empirical impact evaluations of the following general approaches:

1. Relationship building
2. Specialist team intensive interventions
3. Early/Preventative interventions
4. Contextual safeguarding
5. Brief intervention
6. Multi-agency approach
7. Family/kin support

Relationship building

Social care professionals have increasingly recognised the importance of developing relationships in delivering successful outcomes for young people. This has developed into the concept of relationship-based practice (RBP). Rather than describing a specific approach to social care, it is more a core component of any intervention across different client groups and domains of practice.⁵³

Some social work professionals see RBP as challenging what they describe as managerial approaches to social work. Their view is that putting relationships at the heart of practice runs counter to what they see as misplaced attempts to promote a more rational approach to practice. To that extent, RBP is often characterised as offering a radical shift in social worker-client relationships.⁵⁴

Specialist team intensive interventions

Specialist support teams focus on keeping young people out of the care system. In the one paper that looked at their impact, teams were staffed by former residential workers.⁵⁵ Most were not qualified social workers. Staff offered intensive direct work with families, visiting up to three times a week in the initial stages of the intervention. The service was generally both more intensive and more short-term than the mainstream social work

50 hodes, J. E., Haight, W. L., & Briggs, E. C. (1999). The influence of mentoring on the peer relationships of foster youth in relative and nonrelative care. *Journal of Research on Adolescence*, 9, 185–201.

51 Evans, I. M., & Ave, K. T. (2000). Mentoring children and youth: Principles, issues, and policy implications for community programmes in New Zealand. *New Zealand Journal of Psychology*, 29, 41–49.

52 ibid

53 Bryan A, Hingley-Jones H and Ruch G (2016) Relationship-based practice revisited. *Journal of Social Work Practice*, 30, 3, 229-233

54 Ingram, R. & Smith, M. (2018). Relationship-based practice: emergent themes in social work literature. *Insight 41. Relationship-based practice: emergent themes in social work literature | Iriss*

55 Biehal N. (2005). Working with adolescents at risk of out of home care: the effectiveness of specialist teams. *Children and Youth Services Review*, 27(9), 1045-1059



service. The average duration of contact was just under 5 months and around one third of cases were closed within three months.

The services offered by the specialist teams bear some similarities to intensive family preservation services (IFPS) in the US. The approach has been used mainly with younger children. Little research has looked at efficacy with adolescents.

Early/Preventative interventions

Several empirical studies concluded that teenagers' involvement in criminal behaviour specifically, and their vulnerability more generally, are issues that are best dealt through a strategy of early intervention.⁵⁶ Recommendations based on evaluation of practitioner involvement include services engaging with children before they reach adolescence, local services providing a range of interventions, and local coordination across stakeholders including schools and social care.

Contextual safeguarding

Contextual Safeguarding (CS) is a social care approach designed specifically to safeguard young people from extra-familial harm.⁵⁷ Its roots lie in a three-year review of practice responses to cases of peer-on-peer abuse (Firmin, 2017). Since then, it has been adapted to inform safeguarding responses to a wider range of extra-familial risks faced by young people (Firmin, 2016).

A safeguarding and child protection system can be described as contextual if it has the four following characteristics:

1. Designed to identify, assess, and intervene with the social conditions of abuse (TARGET)
2. Includes extra-familial contexts in traditional safeguarding processes (which were traditionally focused on families) (LEGISLATIVE FRAMEWORK)
3. Creates partnerships with sectors and individuals who manage or have influence in extra-familial settings (PARTNERSHIPS)
4. Measures impact on the contexts where young people were vulnerable as opposed to focusing exclusively on changing the behaviour of individuals (OUTCOMES)

Brief intervention

Brief Intervention (BI) approaches developed in the context of dealing with drug abuse amongst young people. They involve providing therapy with the aim of promoting coping skills that can help young people resist the inclination to use and encourage social behaviours likely to interfere with drug-seeking and drug-using behaviours. They are predicated on the assumption that substance misuse is often linked with mental health disorders, and delinquency.⁵⁸

BI can use a variety of therapeutic models including rational-emotive therapy (RET) and problem-solving therapy (PST).

56 E.g., Boulton, L.J., Phythian, R., & Kirby, S., (2019). Diverting young men from gangs: a qualitative evaluation. *Policing-An International Journal of Police Strategies & Management*, 42(5), 887-900.

57 Firmin, C., & Lloyd, J. (2020). Contextual safeguarding: a 2020 update on the operational, strategic and conceptual framework. Contextual Safeguarding Network.

58 Dembo, R., Briones-Robinson, R., Barrett, K., Winters, K. C., Schmeidler, J., Ungaro, R. A., ... & Gullledge, L. (2013). Mental health, substance use, and delinquency among truant youth in a brief intervention project: A longitudinal study. *Journal of Emotional and Behavioral Disorders*, 21(3), 176-192.



Multi-agency approach

The broad consensus across the research literature is that multi-agency working is an essential element of effective engagement with teenagers. The proposition has good face validity amongst professionals. The widely held view is that multi-disciplinary teams with the capacity to share information and coordinate support are more likely to be effective.⁵⁹ Empirical research findings, whilst limited, are generally supportive.⁶⁰ For example, case studies from the Local Government Association and OFSTED both make specific recommendations regarding the benefits of multi-agency working.^{61 62}

Family/kin support

This broad approach to social care focuses on the importance of connection to family as a means of creating a sense of permanency for young people in out-of-home care.⁶³

It usually involves working with the extended family of young people to explore their capacity to provide a placement resource. Often labelled kinship care, a key objective is to maintain family connections where possible. It has become a common feature of child welfare practice over the last two decades. Implicit in kinship care is an assumption that positive outcomes for young people are more likely when foster families and kin are actively involved in supporting young people involved with the care system.

The quality of impact evaluations included in the review

The review team identified eight empirical research papers (out of a total of 29) that reported impact evaluations. The team assessed the quality of the evaluation design using the Maryland Scientific Methods Scale (MSMS). Quality, as judged by the MSMS, is the extent to which the method used in any impact evaluation deals with selection biases.⁶⁴ The MSMS is a common measure of quality used in reviews. Details of the scoring system are reported in the Results section of the Executive Summary

The review team rated one well-designed randomised control trial as a level 5 on the MSMS. Of the remaining seven papers, they assessed two as a level 3, three as a level 2, and two as a level 1.

Given that the five out of the eight impact evaluations failed to reach higher than a Level 2, overall, the quality of the impact evaluations included in the study might be characterised as relatively weak.

59 E.g., Firmin, C. (2018). Contextual risk, individualised responses: an assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27(1), 42-57

60 E.g., Cordis Bright, (2019). Evaluation of the Disrupting Exploitation Programme: year 1 report: executive summary. 16

61 Local Government Association, (2020). Taking a public health approach to tackling serious violent crime: case studies. 28

62 OFSTED (2013). Managing high risk behaviours in adolescents: Northumberland County Council. 6

63 Schofield, G., Beek, M., & Ward, E. (2012). Part of the family: Planning for permanence in long-term family foster care. *Children and Youth Services Review*, 34(1), 244-253.

64 What Works Centre for Local Economic Growth. (2016). Guide to Scoring Evidence Using the Maryland Scientific Methods Scale.



The quality of reviews

The review team identified 12 review papers, of which three were rated three as high quality (i.e., achieved scores of 14 or more on a 16-point quality rating scale (see section 4.3 of this report). Of those three reviews, two were full systematic reviews. The third was a good quality review of reviews.

Analysis of the extent to which listed intervention evaluations provide evidence of efficacy.

The table below summarises population, evaluation methodology, critical appraisal scores, outcomes, and findings for each publication.

Table 4.5.1 Summary information on each publication included in the evidence synthesis for Research question 1

Author/year: Fonagy et al. (2020)

Intervention: Multisystemic therapy

Population: 487 families, young people average age 13.8 years

Methodology: Randomised Controlled Trial

Quality score: 14/14

MSMS Level: 5

Outcomes: Offending, psychological and behavioural measures

Findings: No significant difference in offending behaviour or secondary measures. On investigation, no evidence of cost effectiveness of MST compared with MAU was found. Young people and families positive. MST resulted in more maturity for young men.

Author/year: Dallos et al (2019)

Intervention: Mentoring

Population: 20 young people – mean age 14 years at time of first interview.

Methodology: Mixed-methods longitudinal evaluation

Quality score: 11/14

MSMS Level: 2

Outcomes: Quality of relationship, attachment insecurity, challenging and prosocial behaviour

Findings: Evidence of efficacy limited to mentoring contributing to both fostering a sense of trust and to reducing insecure attachments. Mentoring relationship is beneficial to children at significant risk of poor mental health.



Table 4.5.1 Summary information on each publication included in the evidence synthesis for Research question 1 (continued)

Author/year: Sanders et al. (2015)
Intervention: Relationship building
Population: 605 adolescents (aged 12–17 years) who were concurrent clients of two or more service systems
Methodology: Quasi-experimental
Quality score: 11/14
MSMS Level: 1
Outcomes: Resilience, individual and contextual risk, service use history and experience, and wellbeing
Findings: Those receiving services they perceived as empowering and respectful, reported enhanced resilience, which was associated with better wellbeing outcomes.

Author/year: Biehal (2005)
Intervention: Specialist teams
Population: 209 young people age 11–16 years
Methodology: Quasi-experimental
Quality score: 13/14
MSMS Level: 3
Outcomes: Psychosocial functioning and delinquency among truants, and reducing delinquent behaviour
Findings: Interim results provide overall support for the model. Marginally significant treatment effect ($p < .05$) delinquency at 3-month follow-up and a near significant BI effect at 12-month follow-up

Author/year: Dembo et al (2013)
Intervention: Brief interventions
Population: 183 young people who had been truanting from school. Mean age 15 years
Methodology: Quasi-experimental
Quality score: 9/14
MSMS Level: 3
Outcomes: Psychosocial functioning and delinquency among truants, and reducing delinquent behaviour
Findings: Interim results provide overall support for the model. Marginally significant treatment effect ($p < .05$) delinquency at 3-month follow-up and a near significant BI effect at 12-month follow-up



Table 4.5.1 Summary information on each publication included in the evidence synthesis for Research question 1 (continued)

Author/year: Day et al (2017)

Intervention: Multi-agency approaches

Population: Adolescents aged 12 to 25 on the edge of care (n=329 cases)

Methodology: Mixed methods design and Cost-Benefit Analysis (CBA)

Quality score: 11/14

MSMS Level: 1

Outcomes: Proportion of cases closed

Findings: Mixed success - programme too ambitious with too many sub pilots

Author/year: Shklarski et al (2016)

Intervention: Family/kin support

Population: 40 young people aged 10 to 21 who had been either in foster care in the community (n = 12), or in a residential treatment facility for more than six months (n = 26)

Methodology: Quasi-experimental

Quality score: 9/14

MSMS Level: 2

Outcomes: Family connections and permanency among youth in the care system

Findings: Searching for and engaging family and kin can expand the social support network and lifelong connections for youth who have been placed out of the home. Effectiveness in achieving permanency is more ambiguous.

Author/year: Yoon et al. (2018)

Intervention: Family/kin support

Population: 499 pre adolescents aged 12 years

Methodology: Secondary data analyses from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN).

Quality score: 9/14

MSMS Level: 2

Outcomes: Problem behaviour

Findings: Interventions aimed at improving the quality of fathers' relationships and involvement with their children may be helpful in reducing behaviour problems in adolescents at risk of maltreatment.



Table 4.5.1 Summary information on each publication included in the evidence synthesis for Research question 1 (continued)

Author/year: Olaghere et al. (2021).

Intervention: Trauma Informed Approach

Population: Young people deemed either at risk or involved with the criminal justice system

Methodology: Full systematic review

Quality score: 16/16

MSMS Level: -

Outcomes: Effectiveness of trauma-informed treatment programs for traumatised youth either at risk or involved in the justice system suggests trauma treatment programs are effective

Findings: Trauma-informed treatment has potential benefits for youth suffering from PTSD, affective disorders, those expressing themselves through delinquency, and can improve hopeful orientations. When combined with results from other meta-analyses, the small number of studies with small sample sizes in this meta-analysis suggests trauma treatment programs are effective.

Named interventions

Of the five named interventions investigated in empirical research papers included in the review, two were the subject of impact evaluations: Multisystemic Therapy, and Mentoring. A third, Trauma Informed Approach, was the subject of a high-quality full systematic review.

Multisystemic Therapy

One paper reported a high-quality (MSMS Level 5) randomised controlled trial of an MST intervention, delivered in a criminal justice setting.⁶⁵ Published by the National Institute for Health Research, the study compared MST with management as usual (MAU) for the proportion of young people in each group with criminal convictions up to 60 months post baseline. The study also looked at secondary outcomes assessed via psychological and

behavioural measures. The authors conducted an economic analysis to establish the cost-effectiveness of MST compared with MAU.

Participants were 684 families recruited to the trial. The young people involved had an average age of 14 years at baseline. MAU content was not prespecified but consisted of the standard care offered to young people who met eligibility for the trial. Offending was evaluated using the Police National Computer. Secondary outcomes were evaluated using self-report questionnaires. In addition to the outcome evaluation, the authors undertook an economic evaluation based on a quality-of-life years measure, and offending.

The paper reported no significant differences in the proportion of offending between the groups. No differences were found between the groups on secondary outcome measures. The economic analysis did not find evidence

65 Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I, et al. (2020). Multisystemic therapy compared with management as usual for adolescents at risk of offending: the START II RCT. *Health Services and Delivery Research*, 8(23)



to support the cost-effectiveness of MST compared with MAU.

The paper included results from qualitative interviews suggesting that families had positive views of MST, and that MST was associated with greater maturity in young men. The authors concluded that whilst the results did not support the long-term superiority of MST to MAU, elements of the intervention could be adapted successfully.

A second paper, designed primarily to examine the impact of a multi-agency model of service delivery, also described an intervention similar to MST.⁶⁶ Designed as a mixed-methods outcomes evaluation, the review team rated the study's internal validity as low (Level 1 on the MSMS).

The evaluation was designed to establish the impact of funding from the Department for Education as part of the Children's Social Care Innovation Programme, to establish a new multi-professional service dedicated to vulnerable adolescents aged 12 to 25 years - the Sefton Community Adolescent Service (CAS).

The mixed-methods design included desk research, qualitative interviews with key stakeholders within the CAS service and partner organisations; qualitative interviews with young people and their families, and a Cost-Benefit Analysis (CBA). The project was characterised by multi-professional, co-located teams, delivering an intervention described by the authors as 'similar to MST but more emphasis on family reunification rather than youth justice.' The CAS service aimed the programme at young people aged 12-25 described as being on the edge of care due to exploitation.

Results showed that two-thirds of the cases included in the evaluation were closed within 18 months because original aims were achieved. Young people and families reported positive changes in areas of confidence, education, health, safety, trusting relationships with professionals and the chance to participate in goal setting. Practitioners reported stronger family relationships, reduced missing episodes, reduced substance abuse, and improved access to specialist treatments and services.

Regarding the MST element of the intervention, the authors concluded that the CAS approach as delivered differed from the MST model in several important respects. Specifically, the CAS was not specifically targeted at tackling antisocial behaviour and risk factors for criminal behaviour, although it did offer the flexibility to undertake casework with families where these factors were present.

Regarding the CBA, whilst there was a suggestion that some savings may have accrued, the authors acknowledged that the analysis was limited by the small number of measures for which individualised data was available at a CAS cohort level. They concluded that robust exploration of potential savings of the service needed a wider set of metrics.

The review team also included a good-quality review of reviews that looked at the evidence around Functional Family Therapy (FFT). FFT has similarities with MST in that it is a manualized family-based intervention programme for youth with behavioural problems and their families. FFT is rooted in a systems approach to family therapy. It is a short-term intervention, consisting of approximately 30 hr of treatment. FFT aims to tackle family dysfunction by recognizing and

66 Day, L., Scott, L., & Smith, K. (2017). Evaluation of the Sefton Community Adolescent Service (CAS). Research report 64. Department for Education.



modifying maladaptive family communication patterns, training family members to negotiate effectively, set clear rules and boundaries about privileges and responsibilities, and finally to generalise changes to community contexts and relationships.

The authors concluded that the overall quality of reviews they found was low, making it difficult to reach any clear conclusions about efficacy. Consequently, they advised not adopting FFT without conducting more robust impact evaluations.

Mentoring

One paper reported on a multi-methods longitudinal evaluation of the PROMISE mentoring scheme developed in the English county of Somerset.⁶⁷ The review team rated the study design as fairly low (a Level 2 on the MSMS). The PROMISE scheme aims to provide vulnerable young people with a continuing relationship with a volunteer mentor. The study used a longitudinal design with two data collection points, one year apart. Participants were profiled using audit data. Participants were 20 young people with an average age of 14 years old at the time of the first interview. Experiences of the mentoring process were established through two semi-structured interviews. The study used responses to narrative attachment scenarios, a relationship questionnaire and a strengths and difficulties questionnaire to produce a categorical frequency of profiles that was compared across time.

The authors suggested that findings were consistent with mentoring having had a positive impact. They argued that since the

young people in the study were deemed high risk and extremely vulnerable, evidence of lack of deterioration was a positive outcome. Mentoring was experienced very positively and contributed to both fostering a sense of trust and to reducing insecure attachments. Young people perceived mentors as a good friend first and foremost, as opposed to professionals. They valued the psychological benefits of mentoring, the varied activities, trusting relationship, understanding and empathy and the positive impacts it had on their relationships in general.

The authors argued that their results provided evidence of the mentoring scheme having delivered 'impressive' benefits. They concluded that the evidence supported a case for developing similar schemes to establish securely attached relationships between disadvantaged children and adult volunteer mentors.

Trauma-Informed Approach

A good-quality full systematic review looked at evidence for the impact of the trauma-informed approach with young people in a criminal justice context.⁶⁸ Eligible studies involved two groups of children: youth already involved in the juvenile justice system, and at-risk children or youth identified as not involved in the juvenile justice system. The authors noted that many teenagers involved with children's social care are at the same time engaged with the criminal justice system.

The review considered evidence from 29 papers and provided both a narrative review and meta-analysis. The authors concluded that overall, the evidence for the

67 Day, L., Scott, L., & Smith, K. (2017). Evaluation of the Sefton Community Adolescent Service (CAS). Research report 64. Department for Education.

68 Olaghere, A., Wilson, D. B., & Kimbrell, C. S. (2021). Trauma-Informed Interventions for At-Risk and Justice-Involved Youth: A Meta-Analysis. *Criminal Justice and Behavior*, 48(9), 1261-1277.00938548211003117.



efficacy of a trauma-informed approach was 'modest and inconclusive.' The evidence was not sufficiently robust to allow for more differentiated and nuanced conclusions regarding the efficacy of the trauma informed approach for groups of young people in contexts outside of criminal justice.

However, they argued that for certain groups of young people (at-risk and justice-involved groups), their findings suggested trauma-informed treatment has potential benefits for those experiencing PTSD, affective disorders, and those engaged in delinquent behaviour. They added that combining their results from other meta-analyses, the evidence was encouraging in terms of the effectiveness of trauma-informed treatment programs for traumatised youth either at risk or involved in the justice system.

The review considered just six experimental and quasi-experimental studies that addressed the effectiveness of these programmes for justice-involved youth. Two studies that used delinquency as an outcome measure reported null effects. It noted the need for more and better evaluations, including high-quality randomised experiments that directly address the effectiveness of trauma-informed treatment for young people with trauma histories but not involved in the justice system.

General approaches

Of the eight general approaches investigated in empirical research papers included in the review, five were the subject of impact evaluations: relationship building, specialist team interventions, brief interventions, multi-agency approaches, and family/kin support.

Relationship building

One paper reported an impact evaluation of a relationship building intervention.⁶⁹ This was a quasi-experimental design study, rated by the review team as a Level 1 on the MSMS.

The study involved 605 adolescents aged between 12 and 17 years who were concurrent clients of two or more service systems (child welfare, juvenile justice, additional education, mental health).

The intervention was described as a Positive Youth Development (PYD) programme. PYD programmes have several defining features, including the encouragement of personal agency in youth, respectful approaches to youth and their families, and a focus on young people's strengths and competencies alongside the risks and challenges they may confront.

As well as the usual demographic data, the study used the outcome measures of resilience, individual and contextual risk, service use history and service use experience, and wellbeing. The authors used path analysis to examine the possible mediating role of resilience between the risks in youth environments and services received with the wellbeing outcome measure. They also used a MANOVA to assess the differences in experience of risk, resilience, service use and outcomes for youth by demographic variables.

Results uncovered a complex set of relationships between service delivery and risk factors, and a similarly complex interaction of these factors with resilience. The authors took this as evidence that resilience may mediate the impact of risks and service delivery factors on wellbeing outcomes.

69 Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse & Neglect*, 42, 40-53.



Specifically, the model shows that within this group of very vulnerable youths, who have been exposed to high levels of abuse and neglect by the adults in their families and communities, those who received services that were empowering and respectful reported enhanced resilience and this higher resilience was associated with better wellbeing outcomes. PYD intervention qualities such as encouraging personal agency and staff being respectful do appear to be related to higher levels of resilience for vulnerable youth.

Specialist team interventions

One paper reported a study that evaluated the impact of specialist team interventions.⁷⁰ The review team assessed the quasi-experimental research design as a Level 3 on the MSMS.

The study compared outcomes for young people in England referred to specialist support teams offering an intensive service, with a group referred to the mainstream service as usual delivered by local area social work teams.

The specialist teams provided a service characterised as being like the intensive family preservation services (IFPS) developed and delivered in the US. IFPSs deliver intensive, short-term preventive interventions. Their main objective is to divert young people from out-of-home placements.

The young people in this study had serious emotional and behavioural difficulties, with histories of abuse, neglect, or previous out-of-home placement.

Data were collected through semi-structured interviews with young people and parents shortly after referral. These included a mixture of multiple-choice and open-ended questions. Support workers from the specialist teams and social workers completed questionnaires at the same point in time. Follow-up interviews were conducted six months later. At follow-up, in-depth interviews were conducted with a sub-sample of 50 families. The research team incorporated four validated measures into the questionnaires: the Strengths and Difficulties Questionnaire (SDQ), a measure of emotional and behavioural difficulties; the General Health Questionnaire (GHQ-12), a measure of psychological distress/ mental well-being [completed by parents]; the Family Assessment Device (FAD), a measure of family functioning [completed by young people and parents]; and Cantril's Ladder, a self-reported measure of subjective well-being.

The authors reported that at follow-up, many young people and families receiving both the intensive service intervention and business as usual showed considerable improvement on a variety of measures of child and family functioning. However, the results were not significantly better for the group served by the intensive service, although the intensive services group were found to be significantly less likely to enter placement.

The authors concluded that whilst intensive services have a key role to play, young people and their families found it difficult to access until they reached crisis point. For that reason, intensive service delivery models are likely to be most effective when supported by multi-agency working.

70 Biehal N. (2005). Working with adolescents at risk of out of home care: the effectiveness of specialist teams. *Children and Youth Services Review*, 27(9), 1045-1059.



Brief interventions

The review team identified one paper that evaluated the impact of the brief interventions approach.⁷¹ They assessed the research design as a Level 3 on the MSMS.

This American study looked at the efficacy of brief interventions for a group of young people who had truanted from school. Using a quasi-experimental design, the study examined psychosocial functioning and delinquency among truants, and assessed the impact of a Brief Intervention (BI) in reducing delinquent behaviour.

The study collected data from 183 truant young people enrolled in an ongoing BI project at a Florida Juvenile Assessment Centre. To be eligible, the young people had to be between 12 and 15 years of age, have no official record of delinquency or up to two arrests for minor offences, and be misusing drugs or alcohol. The average age of participants was 15 years.

Data were collected using interviews at four time points: baseline, three months, six months, and 12 months. The study used the Adolescent Diagnostic Interview (ADI), and the Parent/Guardian ADI.

The authors used Bayesian estimation analyses to test their model of psychosocial functioning and delinquency. Results of the analysis provide support for the model. Analyses of a BI effect indicated a marginally significant treatment effect on the youth's delinquency at three-month follow-up and a near significant BI effect at 12-month follow-up.

BI interventions usually address substance use. The authors noted that more research using larger samples would be required before making claims for any spillover effects of the BI. They concluded that the findings highlight the important psychosocial functioning issues that truant youth face. This may have implications for much current practice that takes a sanction-oriented approach to truancy. Problem-oriented, rather than sanction-based responses to the psychosocial issues that truant youth experience, could be more effective.

Multi-agency approaches

One paper reported an impact evaluation of multi-agency approaches.⁷² The review team assessed this mixed methods outcome study design as a Level 1 on the MSMS.

This government research report describes an evaluation of the Sefton Community Adolescent Service (CAS), a multi-professional service dedicated to vulnerable adolescents aged 12 to 25 years. The CAS was established through the Department for Education's Children's Social Care Innovation Programme.

A key feature of the CAS was the use of multi-professional, co-located teams, underpinned by social pedagogy and restorative practice.⁷³ The evaluation report described the approach as like MST but with more emphasis on family reunification rather than youth justice.

The evaluation used a mixed methods design made up of desk research, qualitative interviews with key stakeholders

- 71 Dembo, R., Briones-Robinson, R., Barrett, K., Winters, K. C., Schmeidler, J., Ungaro, R. A., ... & Gullledge, L. (2013). Mental health, substance use, and delinquency among truant youth in a brief intervention project: A longitudinal study. *Journal of Emotional and Behavioral Disorders*, 21(3), 176-192.
- 72 Day, L., Scott, L., & Smith, K. (2017). Evaluation of the Sefton Community Adolescent Service (CAS). Research report 64. Department for Education.
- 73 Professions represented included those with expertise in mental health, youth work, education and employment and social work.



within the CAS service and partner organisations; qualitative interviews with young people and their families, and a Cost-Benefit Analysis (CBA).

The programme engaged young people aged 12-25 on the 'edge of care' due to exploitation.

As well as evaluating the CAS, the paper also examined the impact of the MST intervention. Results relevant to that issue are discussed in the previous section of this report.

The paper also looked at how delivery of the multi-agency approach more generally influenced outcomes. The authors acknowledged that because the CAS had only been running for 18 months at the time of the evaluation, any conclusions on the long-term consequences of delivering a multi-agency service may be premature.

However, the multi-agency approach was judged to have had mixed success. The overall assessment was that the initial objective of such a complex service model was probably too ambitious. Experience showed that a key turning point turned out to be the signing of a formal joint protocol that established agreed processes for the delivery of early help and social care. The early development of the multi-agency approach was hindered by its aims being too broad and the failure to establish strategic buy-in across agencies. The authors recommended that to improve the chances of effective working, the multi-agency approach needed to: ensure services had the necessary flexibility to work with the younger siblings of identified clients; establish and consolidate collaboration between early help and CSC services; maintain a flexible approach to the provision of residential care; consider how best to strengthen multi-agency working; establish a clear service delivery pathway; and build an evidence base to inform good practice.

Family/kin support

Two empirical studies reported impact evaluations of family/kin support approaches.

The first is a US child welfare study that looked at the impact of a Family Finding Project (FFP). The review team assessed the study design as a Level 2 on the MSMS.

This was a one-year evaluation programme that tested the efficacy of an FFP with the objective of strengthening family connections and permanency.

The study included 38 young people between 10 and 21 years of age who had been either in foster care in the community ($n = 12$), or in a residential treatment facility for more than six months ($n = 26$).

The researchers collected qualitative and quantitative data on the experiences of youth who received services from the Family Finding team. They extracted data from socio-demographic questionnaires, case records, interviews with Family Finding team members, and the Youth Connections Scale (YCS) that each of the participants completed upon admission and discharge. The YCS measures the number of meaningful connections or relationships a young person has with supportive adults.

The study examined hypotheses that young people receiving the intensive family finding service would: have a greater number of connections in comparison to the number of connections they had prior to the intervention; have more visiting and discharge resources than they had before; achieve relational permanency; and achieve legal permanency.

Results suggest that the intervention did expand the social support network and lifelong connections for young people placed



out of home. However, the effectiveness of Family Finding in achieving permanency was not demonstrated unequivocally.

The authors concluded that the intervention succeeded in facilitating permanent family placements and reducing the likelihood of young people leaving care without developing permanent connections. However, the study did not find conclusive evidence that strengthening family connections and involvement resulted in legal permanency for young people in the care system.

A second study, also from the US, looked specifically at paternal relationships with adolescents at risk of maltreatment.⁷⁴ The review team assessed the study design as a Level 2 on the MSMS.

The study examined how the quantity and perceived quality of father-child relationships were related to internalising and externalising behaviour problems among young people assessed as being at risk of maltreatment. The authors analysed data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). LONGSCAN is made up of a series of research studies using similar methods and procedures. Multiple research sites conduct projects on the causes and impact of child maltreatment.

The authors analysed data from a sample of 499 young people aged 12 years.

Results show that higher quality of father involvement was associated with fewer behavioural problems. Perhaps

not surprisingly, the positive association between the quantity of father involvement and behaviour problems was stronger in adolescents who were physically abused by their father.

The authors concluded that policies and interventions aimed at improving the quality of fathers' relationship and involvement with their children may be helpful in reducing behaviour problems in adolescents at risk of maltreatment.

Question 2: What are the barriers and facilitators to implementation of interventions and does evidence suggest they are acceptable to target groups?

Barriers and facilitators to implementation of interventions

For this review, the research team have defined barriers as 'any factors that obstruct the capacity for implementing evidence-based interventions', and facilitators as 'the factors that enable the implementation of evidence-based interventions.'⁷⁵

Those factors can be individual (e.g., practitioner expertise); organisational (e.g., single/multi-agency approach); contextual (e.g., places, times); intrinsic characteristics of the intervention (e.g., co-designed or not); or methodological (poor versus high quality implementation).

However, it is also worth bearing in mind that in the context of implementing social interventions, barriers and facilitators are not necessarily fixed and mutually exclusive

74 Yoon, S., Bellamy, J.L., Kim, W., Yoon, D., (2018). Father Involvement and Behavior Problems among Preadolescents at Risk of Maltreatment. *Journal of Child and Family Studies*, 27(2), 494-504.

75 Bach-Mortensen, A. M., Lange, B. C., & Montgomery, P. (2018). Barriers and facilitators to implementing evidence-based interventions among third sector organisations: a systematic review. *Implementation Science*, 13(1), 1-19.



categories.⁷⁶ System characteristics have a capacity to either help or hinder the implementation of social care interventions.

The papers included in the review identify four key areas that might reasonably be considered in the context of barriers and facilitators to implementation of interventions. Two of those areas, traditional safeguarding approaches, and evaluation of practice, we discuss as potential barriers. Two further areas, multi-agency working and relationship building, we have chosen to consider as potential facilitators.

The team cited twenty-one papers in the discussion of research question two concerning potential barriers and facilitators to the implementation of interventions and their acceptability to target groups.

Barriers

Traditional safeguarding approaches

As noted earlier in the report, several papers included in the review have addressed the issue of Contextual Safeguarding (CS), a broad approach to care provision rather than a specific intervention.⁷⁷ One of the key debates is the extent to which traditional safeguarding approaches to dealing with individuals at risk are a barrier rather than facilitator when it comes to delivering effective interventions designed to deal with

the extrafamilial harms that face teenagers on the edge of care.

CS is a social care approach designed specifically to address extra-familial harm.⁷⁸ It was developed out of a three-year review of practice responses to cases of peer-on-peer abuse.⁷⁹

Drawing on learning from this case file audit, CS developed to include consideration of the strategic and operational change social care providers might need to implement to focus child protection practice more effectively on to understanding, and responding to, young people's experiences of significant harm beyond their families.⁸⁰

As noted earlier, the Contextual Safeguarding Framework is made up of four discrete domains. The framework suggests systems should aim to:

1. Target the contexts (social conditions) in which harm was occurring
2. Locate contextual work in the field of child protection, child welfare and safeguarding, rather than crime reduction and community safety
3. Be built on partnerships that had a reach into contexts where harm was occurring
4. Measure success and outcomes contextually

76 E.g., Bauld L, Graham H, Sinclair L, Flemming K, Naughton F, Ford A, et al. Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study. *Health Technol Assess* 2017;21(36).

77 The recently established Contextual Safeguarding Network has a membership of more than 7,000 practitioners.

78 Firmin, C., & Lloyd, J. (2020). Contextual safeguarding: a 2020 update on the operational, strategic and conceptual framework. Contextual Safeguarding Network.

79 Firmin C (2017a) Contextual risk, individualise responses: an assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27, 42-57

80 Featherstone, B., Firmin, C. E., Gupta, A., Morris, K., & Wroe, L. (2020). The social model and contextual safeguarding-key messages for practice. Contextual Safeguarding Network.



Papers included in this review have not provided robust evidence for the efficacy of CS approaches. None have described impact evaluations.

One empirical study commissioned by the Children's Society examined early findings from the Disrupting Exploitation Programme.⁸¹ It found that the programme was being implemented as planned, and that early results suggested positive outcomes for young people regarding safety, ability to access services and understanding of risks. The report noted that programme staff attributed success to several factors including training professionals to focus on CS (thereby protecting others such as siblings as well as primary victims).

A second study used post-hoc case review data to identify the extent to which the right support and protection to safeguard young people at risk of significant harm – physical, sexual, emotional abuse and neglect – was being provided.⁸²

The authors found that despite being at risk of significant harm, young people abused in community or peer, rather than familial, settings are most likely to receive a 'no further action' decision from social workers following referrals for support.

They concluded that their findings were consistent with a view that no further action decisions may arise because of the legal and cultural parameters that define traditional

safeguarding approaches to protecting young people abused in extra-familial settings.

Limited routine evaluation of practice

The systematic and routine evaluation of practice provides evidence of what constitutes good practice. Not having that evidence, not knowing what does or does not work, is clearly a significant barrier to the implementation of effective interventions.

The team rated the overall cumulative strength of evidence included in this review as 'medium'. Of the empirical research papers included, only eight studies reported impact evaluations. Of those, only one was a well-designed randomised control trial. Several of the reviews the team included have highlighted the lack of robust impact data that would allow reliable conclusions to be drawn concerning the impact of interventions designed to improve outcomes for teenagers in contact with social care.

A high-quality full systematic review looked at evidence for a commonly used approach: trauma-informed interventions.⁸³ The authors were able to find only six experimental and quasi-experimental studies that addressed the effectiveness of these programmes for their group of interest. They concluded that future research needed to include high-quality randomised experiments that directly address the effectiveness of different approaches to trauma-informed treatment.

A second systematic review looked at evidence for the effectiveness of mentoring

- 81 Cordis Bright, (2019). Evaluation of the Disrupting Exploitation Programme: year 1 report: executive summary. 16
- 82 Lloyd, J., & Firmin, C. (2020). No further action: contextualising social care decisions for children victimised in extra-familial settings. *Youth Justice*, 20(1-2), 79-92.
- 83 Olaghere, A., Wilson, D. B., & Kimbrell, C. S. (2021). Trauma-Informed Interventions for At-Risk and Justice-Involved Youth: A Meta-Analysis. *Criminal Justice and Behavior*, 48(9), 1261-1277.00938548211003117.



interventions.⁸⁴ Again, the authors registered surprise at the lack of research designed to unpack mentoring and to understand it within a conventional framework for evaluating interventions.

Finally, a third good quality review paper, this time a quasi-systematic review, noted that questions remained about the methodological robustness of research studies.⁸⁵

Facilitators

Multi-agency working

Many of the papers included in the review identified multi-agency working as a key facilitator to the implementation of interventions with teenagers involved with the care system. The widely held view is that multi-disciplinary teams with the capacity to share information and coordinate support are more likely to be effective.⁸⁶ Empirical research findings, whilst limited, are generally supportive.⁸⁷ Case studies from the Local Government Association and OFSTED both

make specific recommendations regarding the benefits of multi-agency working.^{88 89}

A discussion paper from the University of Bedfordshire's Contextual Safeguarding Team concludes that effective responses to extra-familial harm are likely to be facilitated by multi-agency partnerships with the capacity to identify, assess, and intervene.⁹⁰

Relationship building

The literature reviewed includes repeated references to relationship building as a key facilitator of effective intervention delivery. It was one of the eight general approaches to developing and implementing interventions with young people.

One empirical impact evaluation provided evidence to suggest very vulnerable young people who found services to be both empowering and respectful were more likely to report enhanced resilience. Higher resilience was associated with better wellbeing outcomes.⁹¹

84 Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 10(2), 179-206.

85 James, S., Alemi, Q., Zepeda, V., (2013). Effectiveness and implementation of evidence-based practices in residential care settings. *Children and Youth Services Review*, 35(4), 642-656.

86 E.g., Firmin, C. (2018). Contextual risk, individualised responses: an assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27(1), 42-57

87 E.g., Cordis Bright, (2019). Evaluation of the Disrupting Exploitation Programme: year 1 report: executive summary. 16

88 Local Government Association, (2020). Taking a public health approach to tackling serious violent crime: case studies. 28

89 OFSTED (2013). Managing high risk behaviours in adolescents: Northumberland County Council. 6

90 Firmin, C. (2018). Contextual risk, individualised responses: an assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27(1), 42-57

91 Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse & Neglect*, 42, 40-53.



A good quality empirical study from New Zealand, using qualitative methods, examined how young people in statutory care and protection interacted with social workers.⁹² Researchers used data from 14 young people who were sexually exploited for financial gain, and who had experienced interactions with social workers. Thematic analysis identified three themes: the rigidity of social work practice; contesting the family situation; and resisting the at-risk label.

The authors argued that to have any impact on outcomes for young people in care, social workers need to prioritise relationship-building above the need to conform to organisational protocols and guidelines.

In England, the Children's Commissioner published an investigation into the extent of criminal exploitation of vulnerable young people and the responses services provide.⁹³ Using a mixed-methods design, the study included: engagement activities with children and families, data collection from youth offending teams, local safeguarding children's boards, children's services, schools, police; analysis of the British Crime Survey; analysis of serious case reviews; and existing published research.

The authors concluded that young people were likely to benefit from a range of interventions, but that central to those interventions was a trusting relationship with

at least one adult who could divert them away from gang activity.

Acceptability to target groups

Part of our remit was to look for evidence concerning the extent to which service users and other stakeholders found interventions acceptable.

Where research has assessed the acceptability of key intervention elements, three issues stand out. First, young people value the opportunity to develop trusting relationships. As already noted, mentoring is usually experienced very positively, fostering a sense of trust, and mitigating against the impact of insecure attachments.⁹⁴

Research also suggests that in some contexts, young people may find it easier to get this kind of support from volunteers rather than professionals.⁹⁵ That may be due to the extent to which social work practice does not provide professionals with sufficient time to devote to developing trusting relationships with young people. Equally, it may be the case that vulnerable young people find it more difficult to establish this kind of relationship with people they perceive to be working with them in a professional capacity.⁹⁶

A similar issue arises with multi-agency working. A danger identified in an evaluation of how agencies respond effectively to and manage Child Sexual Exploitation

92 Abel, G., & Wahab, S. (2017). "Build a friendship with them": The discourse of "at-risk" as a barrier to relationship building between young people who trade sex and social workers. *Child & Family Social Work*, 22(4), 1391-1398.

93 Children's Commissioner for England, (2019). Keeping kids safe: improving safeguarding responses to gang violence and criminal exploitation. 39.

94 Dallos, R., & Carder-Gilbert, H. (2019). Taking the stone from my heart: An exploration of the benefits of a mentoring programme (PROMISE) for children at risk of significant harm. *Clinical Child Psychology and Psychiatry*, 24(3), 417-432.

95 Hanson, E., & Holmes, D. (2014). That difficult age: developing a more effective response to risks in adolescence. 41

96 Ibid.



highlighted the potential paradox between having multiple agencies involved with young people, but at the same time ensuring a degree of continuity and consistency.⁹⁷

Finally, there is the issue of the extent to which the social care profession perceives the evaluation of interventions relevant to social care practice. There is a much less developed system of what comes under the heading of clinical governance in health (the need to evidence the efficacy of all services offered, and continually develop more effective services through a process of research, audit and service evaluation). There is an influential body of thought within the profession that does not accept the validity of the concept of intervention.

That view may feel extreme, but for many it simply reflects a belief that social care is a process that at its heart is nothing less than an alliance between social workers and service users.⁹⁸

97 Leonard Consultancy. (2020). An evaluation of how Safeguarding Board for Northern Ireland member agencies are effectively responding to and managing child sexual exploitation within Northern Ireland. 96

98 Parker, J., & Doel, M. (Eds.). (2013). Professional social work. Learning Matters.



5. DISCUSSION

5.1 Summary of findings

The team identified a total of 56 publications for inclusion in the review. Not all were directly relevant to the narrative exploring the two research questions. Nine publications were included in the analysis of research question one around the effectiveness of interventions designed to improve outcomes for teenagers at risk of extra-familial harms. Twenty-one papers were cited in the discussion of research question two concerning potential barriers and facilitators to the implementation of interventions and their acceptability to target groups.

Publications describing empirical investigations of intervention impact came from the UK (4), the US (3), and New Zealand (1). The review also included findings from a recently published high quality systematic view. Interventions included multisystemic therapy, mentoring, relationship building, the use of specialist teams, brief interventions, multi-agency approaches family/kin support and trauma informed approaches. Study samples were young people between 11 and 19 years of age. Most of them were deemed to be at risk of multiple harms. Many were involved with the criminal justice system in addition to social care. Investigators collected data through both qualitative and quantitative methods. The review team assessed the quality of empirical papers using a standardised form based on the eight Critical Appraisal Skills Programme

(CASP) checklists⁹⁹ that cover research design, methodological rigour, data analysis and validity of conclusions. The standardised form included the Maryland Scientific Methods Scale (MSMS) used to assess the design of experimental intervention impact assessments.

The quality of evidence regarding intervention impact evaluations was relatively weak. The review included only one well-designed randomised control trial. Five out of the eight impact evaluations failed to score higher than two on the five-point MSMS. Only one intervention, family/kin support, had been evaluated by more than a single study.

The most rigorous study examined the impact of multi-systemic therapy (MST). Conducted in England, the authors found no significant differences between MST and management as usual on outcome measures. They also found no differences in terms of cost effectiveness. However, young people and families reported feeling positive about the intervention, which was also associated with what the authors described as 'more maturity' in young men.

Other evaluations of specific interventions found some support for the efficacy of mentoring and relationship building. However, these were only single studies of limited quality.

99 Critical Appraisal Skills Programme (n.d.). CASP Checklists. CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)



Of the more general approaches to intervention delivery, the use of (a) specialist teams and (b) brief interventions, were assessed by single quasi-experimental studies. Results found that young people referred to specialist teams offering intensive services were less likely to enter placements. Similarly, brief interventions had a marginal effect on delinquency at a three-month follow up.

Many local authorities have adopted multi-agency approaches to delivering social care services. The review found only one publication describing an impact evaluation. Conducted in a single local authority, it looked at over 300 cases involving young people described as being on the edge of care. The study used a mixed methods design and included a cost-benefit analysis (CBA). Using the proportion of cases closed as its outcome measure, the study concluded that the multi-agency approach met with only mixed success. It attributed the lack of consistent results to the sheer complexity the local authority was faced with in trying to coordinate work across multiple agencies.

Neither of the two studies that evaluated family/kin support found conclusive evidence of efficacy.

A recently published high-quality full systematic review of interventions based on a trauma informed approach synthesised evidence from 29 empirical studies. The review concluded that whilst there were too few robust impact evaluations to draw robust conclusions, the indications were that trauma treatment programmes could be effective for young people experiencing PTSD, affective disorders, and expressing themselves through delinquency.

The review team cited 21 publications relevant to the discussion of research question two regarding barriers and facilitators. The majority were reports of teenager and carer views,

reports of local authority committees, and organisational and expert intelligence. Except for one report from Canada and a second on Australia, materials included in this analysis generally reported on policy and practice in England. The review team assessed these papers using a standardised instrument based on the widely used AACODS checklist to evaluate grey literature.

The quality of reports included in the review was generally good. Over half scored nine or higher on the 12-point rating scale described in section 3.5.

Analysis of the reports identified four clearly definable issues. Two were considered as barriers: traditional safeguarding approaches, and the absence of consistent and robust evaluation of social care practice. Two others, multi-agency working and relationship building, we treated as potential facilitators.

The review found several reports that discussed the extent to which traditional safeguarding approaches to dealing with individuals at risk constitute a barrier to the effective delivery of interventions designed to deal with the extrafamilial harms that face teenagers on the edge of care. Most argued that contextual safeguarding, with its focus on the social conditions in which extra familial harm occurs, is more effective than traditional safeguarding that seeks to address deficits or vulnerabilities within young people.

The other significant barrier to the delivery of effective social care interventions for teenagers, is the lack of robust, systematic evaluation of social care practice in general. The current review found only one RCT evaluating impact. Several of the remaining empirical studies were generally not of a good quality. The evidence reviews we found as part of our searches consistently reported the same finding: the lack of robust evidence



makes it hard to come up with definitive conclusions about what works.

Three of the reports included multi-agency working as a key facilitator of effective working with teenagers. The widely held belief is that multi-disciplinary teams with the capacity to share information and coordinate support are more likely to be effective. However, as noted in discussion of the previous research question, the empirical evidence to back up that assertion is not available.

The case for relationship building as a key facilitator of effective intervention delivery is another common theme. However, whilst the case is a little more robust than that for multi-agency working, it remains inconclusive due to lack of sufficient volume of well-designed impact evaluations.

5.2 Discussion of findings

The review has highlighted some critical issues regarding the delivery of interventions for the target population. More fundamentally it has, not for the first time, identified issues around the extent to which social care more generally is subject to the kind of impact evaluation that would provide the evidence necessary to inform debates about the prevalence of need and risk factors, and what works to address them.

In relation to research question one around the effectiveness of interventions designed to improve outcomes for teenagers at risk of extra-familial harms, it is difficult to escape the conclusion that we lack definitive evidence.

However, some themes do emerge when putting together a narrative synthesis of the

review findings. A key theme in narrative synthesis, as articulated in the ESRC's guidance, is the need to develop theory of how interventions work.¹⁰⁰ The available empirical research has a common strand running through it – the pre-eminence of personal relationships. As a working theory, it could be argued that interventions designed to support young people at risk of extra-familial harms are more likely to produce effective outcomes when young people have good relationships with care professionals.

Two of the most promising interventions are MST and mentoring. MST combines elements of cognitive, behavioural, and family therapy. Mentoring focusses on the capacity of professionals to develop a relationship that provides a consistent and caring person in the lives of young people. More generally, relationship building approaches are also associated with improved well-being outcomes for young people. They focus on creating relationships that enable young people to develop greater resilience through establishing a sense of empowerment and self-respect.

Evidence for the importance of personal relationships as an element underpinning effective interventions is far from conclusive. However, review results suggest there is some justification for developing theory in this area and considering the value of investing in research that would enable that theory to be tested.

Family-centred approaches, including MST, are a common component of interventions, even though robust empirical evidence for their efficacy remains to be established. Family/kin support approaches aim to improve protective factors for teenagers at

100 Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S., (2006) Guidance on the conduct of narrative synthesis in systematic reviews: a product from the ESRC Methods Programme. Lancaster University.



risk of extra familial harms by strengthening family and kinship relationships. A quasi-experimental study into the Family Finding Project examined the extent to which the intervention had capacity to enhance family connections and permanency. Results suggested that the intervention might be effective for certain types of permanency outcomes. However, it did not demonstrate that strengthening family connections and involvement would necessarily result in better outcomes for all young people.

Similarly, a good-quality review of reviews concluded that evidence for the impact of Functional Family Therapy (FTT) remains equivocal. The authors concluded that FFT has not yet been proven effective across culturally disparate and varied populations.

One plausible reason for the dearth of empirical evidence on inventions to address specific harms could lie in the apparent preference within the social care profession for strategic, long-term approaches aimed at early intervention and prevention rather than the treatment of harms post identification. Some social work professionals and researchers argue that the concept of providing interventions lacks relevance. Their reasoning is that providing an intervention implies doing something to others without their consent. That runs counter to a widely held belief that social care works best if it is delivered as part of an alliance, a shared and equal relationship, between social workers and service users.¹⁰¹

Regarding the second research question, a key message pervading the professional literature concerns the proposed efficacy of contextual approaches to safeguarding relative to more traditional safeguarding models.

The Contextual Safeguarding (CS) approach to social care was initially developed to address extra-familial harm young people experience.¹⁰² More recently it has been adapted to inform safeguarding responses to a wider range of extra-familial risks faced by young people.

Three key features distinguish CS from more traditional safeguarding approaches: (1) its focus on the social conditions in which risk of harm develops; (2) its locus in children protection and welfare rather than crime reduction and community safety; and (3) recognition of the need to create service partnerships between agencies that have influence in the areas where harms are occurring.

Contextual safeguarding therefore promotes multi-agency partnerships to identify, assess and intervene in peer groups, schools and public spaces that can facilitate the development of harms and undermine parental capacity to keep young people safe.

Despite the growth in professional enthusiasm, the review found little in the way of robust evidence for the efficacy of CS approaches. None have described impact evaluations.

The other element of the second research question was to look at what intervention elements young people and their families found acceptable. We identified three key issues. Each one resonates with the personal relationships' element of the narrative synthesis: young people at risk of extrafamilial harm often value the opportunity to develop trusting relationships; some young people may find it easier to get personal support from volunteers rather than professionals;

101 Parker, J., & Doel, M. (Eds.). (2013). *Professional social work. Learning Matters.*

102 Firmin, C., & Lloyd, J. (2020). *Contextual safeguarding: a 2020 update on the operational, strategic and conceptual framework.* Contextual Safeguarding Network.



encouraging multiple agencies to become involved with young people may compromise their need for continuity and consistency in relationships.

5.3 Strengths and limitations of the review methods

This was a rapid review of the evidence on effective interventions in working with teenagers. The focus has been on teenagers who have had contact with children's social care, whether that is a result of being in care or being subject of a Child in Need or Child Protection Plan. The rapid review was commissioned to summarise the current evidence on effective interventions for keeping teenagers (those aged 13-19) safe and optimising their outcomes.

The review team conducted comprehensive searches of all the relevant databases and identified a large number of potentially relevant publications. Having screened these citations on title and abstract, the team retrieved all but three of the full texts selected. We conducted searches of relevant websites for grey literature but acknowledge that there may be some reports we might have missed. We did not conduct a meta-analysis of empirical research papers due to the lack of robust data on effect sizes. Consequently, we were not able to conduct standardised tests such as funnel-plot-based methods, to test and adjust for publication bias.¹⁰³ However, we did seek to minimise potential publication bias by searching for empirical studies published in grey literature (e.g., theses, etc.).

Time restrictions mean the rapid review methodology has recognized limitations compared with a full systematic review.¹⁰⁴ The experienced team conducted rigorous critical appraisal of all included publications. However, as is usually the case with rapid reviews, they double coded only a sample of publications. Again, as is common with rapid reviews, the team used narrative synthesis to produce a largely qualitative descriptive summary of data.

5.4 Strengths and limitations of available evidence

5.4.1 Methodological limitations and clarity in reporting

As discussed elsewhere in the report, the literature used to inform analysis of both research questions has methodological limitations. Regarding research question one, our quality appraisal procedures highlighted the quality of papers included in the synthesis as moderate. The empirical impact evaluation papers included only a small number of high-quality studies, and only one randomised controlled trial.

The evidence synthesised in the examination of the second research question relied more heavily on reports and sources of grey literature. Quality assessments showed just over half of the publications included in the analysis scored nine or more on a 12-point scale. We interpret that as indicating a level of quality better than might typically be expected of this type of material.

103 Duval, S. & Tweedie, R. (2000). Trim and fill: A simple funnel-plot-based method of testing and adjusting for publication bias in meta-analysis. *Biometrics*, 56, 455–463.

104 Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries: the evolution of a rapid review approach. *Systematic reviews*, 1(1), 1-9.



5.4.2 Coherence and relevance of data

In general, the level of fit or coherence between the data and the research question analyses were good. The findings for question one seem broadly relevant to the current English context. The key theme regarding the likely efficacy of interventions based on relationship building was consistent across studies. That said, there remain limitations. The small number of empirical evaluations combined with methodological limitations mean that whilst the case may appear compelling, it is not yet well supported by a body of robust evidence.

The coherence of themes running through analysis of research question two were also impressively consistent. It is hard to argue that there is no case for the potential efficacy of contextual approaches to safeguarding teenagers at risk of extrafamilial harms. However, as is again characteristic of the social care sector, what is missing is an explicit theoretical model with the capacity to generate testable hypotheses that can be examined through empirical investigation.

Going beyond the specific review questions, the data also highlighted broader issues concerning the nature of relationships between social care professionals and teenage clients. Approaches that recurred include the value of integrated approaches, partnership work with voluntary sector specialists, taking a trauma informed approach, and sharing effective practice. A further theme of significance was the challenge facing services in balancing the need for young people's safety with their requirements for autonomy and identity that create the foundations for successfully independent living.¹⁰⁵

Overall, the team rated the consistency and coherence of the evidence body as generally good, and most papers to cover issues generally relevant. Differences in study populations are inevitable given the variability of what are defined as extrafamilial harms. However, the team concluded that differences in populations did not seriously compromise the interpretation of findings.

5.4.3 Adequacy of the data and gaps in available data

Overall, the data identified was not sufficiently adequate to claim high degrees of confidence in our knowledge of what works when it comes to effective interventions for teenagers at risk of extrafamilial harms. It is telling that the available data did not allow the review team to conduct any meta-analyses or to identify specific interventions supported by a robust body of evidence of efficacy.

The review team had hoped to find more evidence that addresses the issue of how acceptable teenagers and their carers found social care interventions. More remains to be done to address this issue. There was also a gap of knowledge around the extent to which we understand the cultural and social relevance of interventions for different population subgroups.

5.5 Recommendations for research

Teenagers in receipt of support from children's social care have specific needs. The review looked at interventions designed to limit the impact of the harms teenagers may experience, or be at risk of experiencing, outside of the home context that parents are unable to stop. These extrafamilial harms may include criminal and sexual exploitation, serious youth violence and peer-on-peer abuse.

¹⁰⁵ Shuker, L., Sebba, J., & Hjer, I. (2019). Teenagers in foster care: Issues, themes, and debates from and for practice and policy. *Child & Family Social Work*, 24(3), 349-353.



The review was predicated on the assumption of an urgent need to improve capacity to identify these external risks, and ensure the right support is in place.

The review has highlighted several gaps in research:

- Data on prevalence, severity and life course of risks
- Routine and robust evaluation of social care interventions for teenagers at risk of extra familial harms
- Development of explicit theoretical models underpinning contextual safeguarding, multi-agency working and relationship building
- Creation of a shared model of evaluation design for social care and support with implementation
- Better understanding of the experiences of teenagers and their carers of social care provision
- Reconciling the need for impact evaluation research with professionals' view of interventions and relationships with clients
- Exploration of how the delivery of social care services can promote the development of effective personal relationships between professionals and their clients
- Understanding of how issues of process have an impact on the delivery of services through local multi-agency collaborations
- Unravelling the potential paradox between the desire of safeguarding to protect, and the needs of young people to develop the resilience and autonomy that may ultimately enable them to protect themselves.

5.6 Conclusion

The purpose of the review was to look at interventions designed to limit the impact of the harms teenagers may experience, or be at risk of experiencing, outside of the home context that parents are unable to stop. These extrafamilial harms may include criminal and sexual exploitation, serious youth violence and peer-on-peer abuse.

In that context, the review focussed on two research questions, one looking at evidence for the efficacy of interventions, and the other at potential barriers and facilitators of effective intervention implementation and the acceptability of interventions to the target population.

We found publications providing empirical examination of the following interventions:

1. Multisystemic therapy (MST)
2. Mentoring
3. Relationship building
4. Specialist teams
5. Brief interventions
6. Multi-agency approaches
7. Family/kin support
8. Trauma Informed Approach

The quality of evidence regarding intervention impact evaluations was relatively weak. Only one intervention, MST, was evaluated using a RCT research design. Five out the eight impact evaluations failed to score higher than two on the five-point MSMS. Only one intervention, family/kin support, had been evaluated by more than a single study.

We used 21 publications to explore the issue of barriers to and facilitators of effective



intervention implementation. The majority were not empirical investigations. Analysis of the reports identified four clearly definable issues. Two were considered as barriers: traditional safeguarding approaches, and the absence of consistent and robust evaluation of social care practice. Two others, multi-agency working and relationship building, were treated as potential facilitators.

A key message pervading the professional literature concerned the proposed efficacy of contextual approaches to safeguarding relative to more traditional safeguarding models. Despite the growth in professional enthusiasm, the review found little in the way of robust evidence for the efficacy of contextual safeguarding approaches. None have described impact evaluations.

In terms of what intervention elements young people and their families found acceptable, we found that young people at risk of extrafamilial harm often put a high value on the opportunity to develop trusting relationships with significant adults. That can of course present something of a challenge to current systemic processes of social care. Whilst relationships are important to young people, social workers can often struggle to find the time needed to develop them. In some cases, young people may find it easier to get personal support from volunteers rather than professionals. That can pose a significant challenge to encouraging multiple agencies to become involved with young people by compromising their need for continuity and consistency in relationships.

The review highlighted several critical gaps in research, including a lack of routine and robust evaluation of social care interventions for teenagers at risk of extra familial harms; the need for explicit theoretical models to inform testing key assumptions of widely advocated approaches including contextual safeguarding, multi-agency working and relationship building; and exploration of service delivery process issues facing local agencies.



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7. APPENDICES

Appendix 1: Included papers

(R = review; E = empirical study; G = Grey literature)

1. Abel, G., & Wahab, S. (2017). "Build a friendship with them": The discourse of "at-risk" as a barrier to relationship building between young people who trade sex and social workers. *Child & Family Social Work*, 22(4), 1391-1398. (E)

Notes: Descriptive study teenagers' views

This paper uses data from a qualitative study of 14 young people who traded sex and who had experienced interactions with social workers. A thematic analysis identified three themes: the rigidity of social work practice; contesting the family situation; and resisting the at-risk label. We argue that to have any impact on outcomes for young people in care, social workers need to prioritise relationship-building above the need to conform to organisational protocols and guidelines. Such guidelines assist the social worker in assessing whether family situations pose high risk for a young person, but the "at-risk" label is contested by young people, which results in a lack of trust and a barrier to relationship building".

10/14

2. Adler, J. R., Edwards, S., Scally, M., Gill, D., Puniskis, M. J., Gekoski, A., & Horvath, M. A. (2016). What works in managing young people who offend? A summary of the international evidence. *Ministry of Justice Analytical Series*. (R)

Notes: Review of interventions for at risk teenagers

International reviews of the rehabilitation evidence found that the most successful interventions to reduce reoffending among young people included a number of elements. The most effective approaches: - assessed the likelihood or risk of an individual reoffending and, importantly, matched services to that risk level with a focus on those who are assessed as having a higher likelihood of reoffending; - considered the needs and strengths of the individual and their ability to respond to the intervention;- were characterised by using a combination of skills training and cognitive behavioural intervention approaches, rather than deploying primarily punitive or surveillance focussed programmes; - considered the amount and quality of service provided and programme fidelity. The wider offending context, such as family, peers and community issues, should also be taken into account; - employed a multi-modal design with a broad range of interventions that address a number of offending related risks. Case management and service brokerage can also be important; and - made sure communication between staff and young people was strengthened through mutual understanding, respect, and fairness.

12/16



A1. Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., & McGovern, R. (2019). The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: a qualitative exploration with young people, carers and front-line workers. BMC medical research methodology, 19(1), 1-12. (E)

Notes: RCT of psychosocial interventions

Paper reports on the initial formative phase of a pilot feasibility randomised controlled trial; SOLID (Supporting Looked After Children and Care Leavers in Decreasing Drugs, and Alcohol) that aimed to adapt two evidence-based psychosocial interventions, Motivational Enhancement Therapy and Social Behaviour and Network Therapy, which will aim to reduce substance misuse by looked after children. Found both of these interventions are evidence based and would be feasible before adaptation but the co-production of guides with young people and professionals was important to make the adaptations for them to have the greatest chance of success.

12/14

3. Anderson, M., Parkinson, K, (2018). Balancing justice and welfare needs in family group conferences for children with harmful sexual behavior: the HSB-FGC framework. Journal of Child Sexual Abuse, 27(5), 490-509 (R)

Notes: Expert intelligence on use of FGC in HSB cases

FGCs have potential in HSB cases involving young people, particularly those who were known to each other prior to the harm. In all cases, the perpetrator should accept the facts of the case and the wrongness of their actions and be committed to addressing his/her behaviour.

3/16

4. Arnold, E.M., Walsh, A.K., Oldham, M.S., & Rapp, C.A. (2007). Strengths-Based Case Management: Implementation With High-Risk Youth. Families in Society, 88(1), 86-94. (E)

Notes: US study of SCBM intervention with teenage runaways

The authors report findings from a feasibility study that implemented SBCM with adolescent runaways. Challenges to implementation, such as financial status, the role of families, abuse and neglect, developmental issues, education, peer relationships, and transportation, are examined. The current findings suggest that it is feasible to successfully implement SBCM with adolescents, but the challenges to application are different with this group compared with adults, given the developmental differences between adolescents and adults

8/14



5. Ashmore Z., & Fox S., (2011). How does the delivery of multisystemic therapy to adolescents and their families challenge practice in traditional services in the Criminal Justice System?. British Journal of Forensic Practice, 13(1), 25-31. (R)

Notes: Review of evidence concerning delivery of MST

MST has been shown to be effective in decreasing 'out of home' placements, anti-social behaviour and offending, improving family relationships, increasing attendance at mainstream school and decreasing adolescent substance abuse. The challenge posed by MST is to do much more to engage with young people and their families, where often traditional services have failed, and to deliver high-quality, evidence-based, intensive individualised therapy in the young person's own home or local community.

4/16

6. Biehal N. (2005). Working with adolescents at risk of out of home care: the effectiveness of specialist teams. Children and Youth Services Review, 27(9), 1045-1059. (E)

(E)

Notes: Quasi-experimental study of services for young people at risk of placement.

Compares outcomes for young people in England referred to specialist support teams, which offered an intensive service with those for a group referred to the mainstream service as usual delivered by local area social work teams. The services offered by the specialist teams bear some similarities to intensive family preservation services (IFPS) in the USA, insofar as they offer an intensive, short-term preventive service whose principal aim is the prevention of placement. Many of the young people had serious emotional and behavioural difficulties, and many had lengthy histories of abuse, neglect, or past placement. At follow-up, many young people and families receiving both types of service showed considerable improvement on a variety of measures of child and family functioning, but results were not significantly better for the group served by the intensive service. However, the intensive services group were found to be significantly less likely to enter placement.

13/14

7. Boulton, L.J., Phythian, R., & Kirby, S., (2019). Diverting young men from gangs: a qualitative evaluation. Policing-An International Journal of Police Strategies & Management, 42(5), 887-900. (E)

Notes: Experience of neglect and abuse to increases a young person's vulnerability

Evaluates whether young people can be diverted from involvement in SOC using preventive intervention approaches. Design/methodology/approach—A qualitative thematic analysis was conducted on data collected from semi-structured interviews with practitioners involved in a six-month intervention which specifically aimed to divert "at risk" young people away from SOC involvement. Overall, the study highlights the problematic nature of diverting "at risk" youths from SOC and provides recommendations for future preventive intervention work in the field of SOC. Specifically, longer-term interventions, targeted at younger children, may generate better behavioural outcomes if they focus on building trusting relationships with credible support workers (i.e., have lived experience of SOC).

11/14



A2. Bounds, D. T., Otwell, C. H., Melendez, A., Karnik, N. S., & Julion, W. A. (2020). Adapting a family intervention to reduce risk factors for sexual exploitation. (E)

Notes: Child and Adolescent Psychiatry and Mental Health, 14(1), 1-12.

Purpose of this study was to examine an evidence-based intervention called STRIVE (support to reunite, involve and value each other) that has been a successful family re-engagement strategy with newly homeless youth. It sought to explore its contextual relevance for youth with risk factors for sexual exploitation and identify necessary adaptations to reduce risk factors for sexual exploitation. It deliberately took an intersectional approach in conducting this study. Youth at risk for commercial sexual exploitation require strengths-based, individualized, multi-systemic approaches.

10/14

8. Buzzi, P., Megele, C., & Blackmore, S., (2020). Social Work England and PCFSW best practice guide for assessing online risks, harm and resilience and safeguarding of children and young people online. 9 (G)

Notes: Professional practice guide

Overview of when it is appropriate for social workers to assess online risks for young people, how to do so, the benefits and risks of social media - what these are and how to assess them. Very generalised so not specific to those experiencing or at risk of experiencing extrafamilial harm.

8/12

9. Cameron, G., & Karabanow, J. (2003). The nature and effectiveness of program models for adolescents at risk of entering the formal child protection system. Child Welfare: Journal of Policy, Practice, and Program.82(4), 443-474 (G)

Notes: Adolescents at risk definition includes those likely to receive services

This article compares rationales and outcomes research for five areas of programming for adolescents: adolescent competence and skill development, family and parent programs, social integration, multiple component and neighbourhood transformation programs. The article examines program evidence for maltreated teens as well as teens coping with a variety of other challenges. The study uses a framework based on common developmental challenges and risk factors for adolescents to select and review programs. Adolescent skill development- common in school, reduced substance misuse. Family focussed interventions- family cohesion, some evidence that preferable for emotional and behaviour problems than individual, lessen conflict and reduces arrests. Social integration- mentoring, peer mediation or tutoring can reduce violence, reduce offending and increase attainment. Multi-component: clearest consensus within literature is that multi agency is most effective. Neighbourhood transformation - not many of these, focus on high-risk neighbourhoods. Clearest consensus is for multi-agency working

9/12

**10. Child Safeguarding Practice Review Panel, (2020). It was hard to escape: safeguarding children at risk from criminal exploitation. 56 (E)**

Notes: Covers relevant population and provides review

Effective practice is not widely known about or used, trusted relationships are important this takes persistence, time and skill, there are critical moments when decisive action needs to be taken, parent engagement is usually protective, moving children away from families may be helpful short term but is not effective long term, greater priority should be given to disrupting perpetrator activity. The National Referral Mechanism is not well understood and is inconsistently used. Comprehensive risk management can make a difference.

12/14

11. Children's Commissioner for England, (2019). Keeping kids safe: improving safeguarding responses to gang violence and criminal exploitation. 39

Notes: Includes children at risk of abuse and neglect (E)

Adolescents may need a range of interventions and central to this is a trusting relationship with at least one adult who can divert them away from gang activity. Often those most at risk are invisible to authorities and let down so need a 4-step approach: 1. a life course approach recognising the vulnerability of adolescence, 2. ensure each agency plays a role, 3. local level co-ordination and 4. a national response.

12/14

12. Cocker, C., Cooper, A., Holmes, D., & Bateman, F. (2021). Transitional Safeguarding: presenting the case for developing Making Safeguarding Personal for young people in England. The Journal of Adult Protection. (G)

Notes: Key think piece

Article set out the similarities and differences between the legal frameworks for safeguarding children and adults. It presents the case for developing a Transitional Safeguarding approach to create an integrated paradigm for safeguarding young people that better meets their developmental needs and better reflects the nature of harms young people face. Design/ methodology/approach This article draws on the key principles of the Children Act 1989 and the Care Act 2014 and discusses their similarities and differences. It then introduces two approaches to safeguarding: Making Safeguarding Personal (MSP); and Transitional Safeguarding; that can inform safeguarding work with young people. Other legal frameworks that influence safeguarding practices, such as the Mental Capacity Act 2005 and the Human Rights Act 1998, are also discussed. Findings - Safeguarding practice still operates within a child/adult binary; neither safeguarding system adequately meets the needs of young people. Transitional Safeguarding advocates an approach to working with young people that is relational, developmental and contextual. MSP focuses on the wishes of the person at risk from abuse or neglect and their desired outcomes. This is also central to a Transitional Safeguarding approach, which is participative, evidence informed and promotes equalities, diversity and inclusion. Practical implications Building a case for developing MSP for young people means that local partnerships could create the type of service that best meets local needs, whilst ensuring their services are participative and responsive to the specific safeguarding needs of individual young people.

12/12



13. Cordis Bright, (2019). Evaluation of the Disrupting Exploitation Programme: year 1 report: executive summary. 16 (E)

Notes: Relevant population

Implemented as planned. Positive outcomes for CYP in terms of safety, ability to access services and understanding of risks. Staff noted the following as being key components to success: change perceptions towards recognising CYP as victims throughout the system, Training professionals to focus on contextual safeguarding (therein protecting others such as siblings as well as primary victims); Increasing understanding and skills amongst CYP through training, Creating spaces for CYP to talk about exploitation and build trust with professionals, Training professionals to improve their awareness, ability, and confidence to identify and support CYP at risk of or being exploited, which had instigated new safeguarding referrals, The service offer of the programme, particularly one-to-one casework and consultation on casework, therein meeting a recognised need.

11/14

14. Dallos, R., & Carder-Gilbert, H. (2019). Taking the stone from my heart: An exploration of the benefits of a mentoring programme (PROMISE) for children at risk of significant harm. Clinical Child Psychology and Psychiatry, 24(3), 417-432. (E)

Notes: Evaluation of mentoring programme for 14–19-year-olds who have experienced neglect/abuse

This article reports on a multi-methods longitudinal evaluation of the PROMISE mentoring scheme which was developed in Somerset UK to offer a continuing relationship for vulnerable young people with a volunteer mentor. The overall findings indicate that mentoring was experienced very positively and contributed to both fostering a sense of trust and to reducing the insecure attachments of the young people. The findings are considered within a relational and attachment framework to offer a model of how mentoring achieves positive change. Implications for development of the service and encouragement for others to develop similar services are discussed.

11/14

15. Day, L., Scott, L., & Smith, K. (2017). Evaluation of the Sefton Community Adolescent Service (CAS). Research report 64. Department for Education. (E)

Notes: Evaluation of intervention aimed at adolescents at risk of exploitation or on edge of care

A mixed methods design, incorporating desk research, qualitative interviews with key stakeholders within the CAS service and partner organisations; qualitative interviews with young people and their families, and a Cost-Benefit Analysis (CBA). Programme aimed at young people aged 12-25 on the 'edge of care' due to exploitation. Two thirds of cases closed within 18 months because original aims were achieved. Young People and family's self-report positive changes - confidence, education, health, safety, trusting relationships with professionals and valued the opportunity to participate in goal setting.

11/14



16. Dembo, R., Briones-Robinson, R., Barrett, K., Winters, K. C., Schmeidler, J., Ungaro, R. A., ... & Gullledge, L. (2013). Mental health, substance use, and delinquency among truant youth in a brief intervention project: A longitudinal study. *Journal of Emotional and Behavioral Disorders*, 21(3), 176-192. (E)

Notes: Referred by social workers to intervention aimed at substance abuse and outcomes measured

The present study bridges this gap by 1. examining psychosocial functioning and delinquency among truants, and 2. assessing the efficacy of a Brief Intervention (BI) in reducing delinquent behaviour over time. To meet these objectives, data were collected from 183 truant youth enrolled in an ongoing NIDA-funded BI project. Informed by a developmental damage perspective, a structural equation model was formulated and estimated. Interim results provide overall support for the model, and suggest the BI may be a promising, innovative intervention for truant youth. Service delivery implications and directions for future analyses are discussed.

9/14

17. Department for Children, Schools and Families., (2010). Safeguarding children and young people who may be affected by gang activity. 52p., bibliog. (G)

Notes: Practice guidance from DfE for schools and social care for gangs and criminal exploitation

Guidance for multi-agency professionals in safeguarding CYP affected by gangs. Based on Every Child Matters Framework. See those involved in gangs not only as perpetrators but also victims. Details risks and how to identify CYP at risk, referral and assessment, the role of local safeguarding children's board. Case studies of good practice and of individual children. Most of the document refers to social care but there is a section on the role of other agencies such as YOT, education and health. Partnership working is key to success in this area

8/12

18. Early Intervention Foundation. (2015). Preventing gang and youth violence: spotting signals of risk and supporting children and young people: an overview. 16. Home Office. (G)

Notes: Two reviews, second includes preventative interventions both universal and targeted

Risks: individual factors e.g., low self-esteem seem the strongest predictors over and above contextual factors, runaways are at high risk, community-specific factors are not strong predictors, Family specific factors are influential for younger children and then become weaker with age for the child. Cumulative risk is important, and any assessment tools should be used alongside professional judgement. Prevention: Skills based and family focussed are the most robustly evaluated - mentoring, community and sports interventions show promise but with limited evidence. Deterrence and discipline are ineffective and may be ineffective.

9/12



19. Firmin, C. (2018). Contextualising case reviews: A methodology for developing systemic safeguarding practices. *Child & Family Social Work*, 23(1), 45-52. (G)

Notes: Key think piece

Refers to peer-on-peer abuse and extrafamilial harms more generally and how to respond, but it is detailing how to respond once harm has already taken place - a case review happens following serious harm or death. This paper introduces a systematic methodology to conducting case reviews in incidents of serious harm or child death when the causes are extrafamilial harm as the traditional methods are for incidents of intrafamilial harm and fail to recognise the different harms young people face. This paper gives the example of peer-on-peer abuse and advocates that the case review should be completed in 3 sections: 1. The incident and the young people involved. 2. associated contexts - with details of the risks and protective factors for each of these for example home, peer groups, school, neighbourhood - recognising these all interplay e.g., if a young person experiences violence in their community they may also have violent peers. 3. Response - what was the contact that young people had with services leading up to the incident

11/12

20. Firmin, C. (2018). Contextual risk, individualised responses: an assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27(1), 42-57 (G)

Notes: Review of several case studies of peer-on-peer abuse and expert suggestions for practice

Practitioners, academics and policymakers are increasingly questioning the sufficiency of safeguarding practice in protecting young people from peer-on-peer abuse in England. Using the findings from an in-depth analysis of nine cases where young people either raped or murdered their peers, this article explores approaches to assessing and intervening with those affected by peer-on-peer abuse. Building upon international calls for a contextual account of abuse between young people, the article identifies a professional struggle to address the interplay between young people's homes and the public and social spaces in which peer-on-peer abuse often manifests. Findings from this study are used to illuminate wider research Child Abuse Review into peer-on-peer abuse which has indicated a professional inability to: assess young people's behaviours with reference to the contexts in which they occur; change the environmental factors that influence abusive behaviours; and recognise the vulnerability of those who abuse their peers. The article concludes that to effectively respond to peer-on-peer abuse, multi-agency partnerships are required which can identify, assess and intervene with the norms in peer groups, schools and public spaces that can facilitate peer-on-peer abuse and undermine parental capacity to keep young people safe - thereby adopting a more contextual approach to safeguarding adolescents.

11/12



21. Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I, et al. (2020). Multisystemic therapy compared with management as usual for adolescents at risk of offending: the START II RCT. Health Services and Delivery Research, 8(23) (E)

Notes: Include comparison of MST with management as usual

ENo significant difference in offending behaviour between the two groups and also no consistent significant differences in secondary measures. The economic analysis did not support the cost effectiveness of MST compared with MAU. The qualitative analysis showed young people and families were positive and MST. There was evidence that the MST resulted in greater maturity among young men.

14/14

22. GIBSON, Matthew., (2014). Narrative practice and the Signs of Safety Approach: engaging adolescents in building rigorous safety plans. Child Care in Practice, 20(1), 68-80 (G)

Notes: Expert opinion about intervention with young people in contact with social care

Signs of safety developed in Australia and is generally used in a typical child protection approach where adults pose a risk to children. This is an example of engaging an adolescent in their own safety plan (around harmful sexual behaviour) using a combination of SoS and narrative approach. The plan documents the actions that need to happen to ensure safety, involves more family support than just professionals. Enables Young People to be engaged in difficult conversations, offer a high quality of care whilst controlling difficult behaviours, allows young people to be involved in planning. Concentrates on what is needed to ensure safety and the strengths of the individual and the family to achieve this.

10/12

23. Gilligan, P. (2016). Turning it around: What do young women say helps them to move on from child sexual exploitation? Child Abuse Review, 25(2), 115-127. (E)

Notes: Include – YP voice

The findings emphasise that: these young people have important things to say about what will help them; they need workers who are friendly, flexible, persevering, reliable and non-judgemental; they need information, advice, safe places, enrichment experiences and services which are available during evenings and at weekends; and they are unlikely to engage positively with statutory services (police and children's social care) unless those services convince them more effectively that they will listen to, protect and respect them. Their pain, resilience and anger are illustrated.

11/14



24. Hallett, S., Verbruggen, J., Buckley, K., & Robinson, A. (2019). Keeping safe? An analysis of the outcomes of work with sexually exploited young people in Wales. Cardiff: Cardiff University. (E)

Notes: Include, mixed methods research outcomes for young people affected by CSE, discussion of how effective practice is and views of young people and carers

Those who experienced CSE went on to have higher rates of domestic abuse in their relationships, mental health conditions and substance abuse issues compared with other groups. There were 27 different approaches to intervention coded within the files, in one third of cases where CSE was an issue young people's wishes and views were considered in a decision compared to half of the overall cases. Young people who experienced CSE had higher rates of non-engagement with interventions, a quarter were accommodated due to CSE. Having a consistent supportive adult was most important

13/14

25. Hamilton, C J., Rodgers, A. Keeley, H., & Warrington, C. (2019). From the ground up: young research advisors' perspectives on relationships between participation and protection. Journal of Children's Services, 14(3), 228-234. (E)

Notes: Views of young people

Participating in research built self-worth and self-esteem, participatory activity increased access to protective information, group work with peers has protective value

4/14

26. Hanson, E., & Holmes, D. (2014). That difficult age: developing a more effective response to risks in adolescent. 41 (G)

Notes: Include – key think piece

Adolescent risks do not fit neatly into categories of harm used in child protection, particularly extrafamilial risks, SWs struggle to prioritise adolescents and often adolescents don't engage by attending meetings. Interventions should: consider the developmental stage of adolescents (neuropsychology, social relationships and adaptation to earlier maltreatment or adversity). promote resilience- most effective through trustworthy, consistent relationships with adults to develop their self-esteem, support them to make the most of opportunities, enable safe disclosure, help tackle difficulties - for example these can be with volunteer mentors. Example interventions: capable families - rather than avoiding risks harness them by encouraging activities such as kayaking and other adventure sports. Dialectical Behaviour Therapy - can appeal to this age group as it appeals to their need not to conform to authority but instead to decide what is important to them. What needs to change? - need to support those who work with this age group, multi-agency working, develop resilience and strengths, encourage participation, intervene earlier in CYP lives and develop primary and secondary approaches.

7/12

**27. Home Office. (2017). Criminal exploitation of children and vulnerable adults: county lines guidance. 7 (G)**

Notes: Include: official guidance from Home Office

Guidance from Home Office about how to respond to county lines - an explanation of what county lines is, how to identify if it might be happening and how to respond. It is relevant because it is guidance from the home office and refers to one of the key risks for extrafamilial harms, but it does not specify particular interventions - rather it is about how to make referrals to relevant agencies.

Notes: 9/12

28. Hudek, J. (2018). County lines scoping report. London: St. Giles Trust and Missing People. (E)

Notes: Qualitative scoping of prevalence, services and young peoples' and carers' views on this

Promising integrated approaches in different areas: 1. steps taken to address the demand for drugs. 2. Discussions about including British Transport Police in taking a role to tackle this. 3. Taking a contextual safeguarding approach. 4. services recognising the need to intervene at 'reachable moments' (these young people often cycle between willing participants and wanting to leave so need to intervene at critical moments e.g., school exclusion, release from arrest, A & E attendance). 5. Partnership work with voluntary sector specialists. 6. Take a trauma informed approach. 7. share effective practice.

11/14

29. James, S., Alemi, Q., Zepeda, V., (2013). Effectiveness and implementation of evidence-based practices in residential care settings. Children and Youth Services Review, 35(4), 642-656 (R)

Notes: Include- review of a range of interventions for young people in residential care

Overall outcomes of interventions were positive, but questions remain over the methodological robustness of studies, and they are conducted in one residential setting so are not generalisable. Interventions which do not require involvement of parents may be most appropriate in these settings. It is likely that evidence-based practices are being implemented in many residential settings but without any formal evaluation and therefore evidence of effective interventions are not shared.

12/16



30. Leonard Consultancy. (2020). An evaluation of how Safeguarding Board for Northern Ireland member agencies are effectively responding to and managing child sexual exploitation within Northern Ireland. 96 (E)

Notes: Include

"In general, the responses to the questionnaire in the strategic section reveal all SBNI member agencies have a strategic approach to CSE within their agency role however the breadth, depth and responsivity of this varies. Their overall strategic response is inconsistent both within and between the member agencies when considering the transferring of their policies to practice. Issues such as sharing of information between agencies remain a significant concern. It highlighted a need for some criminal justice agencies to place CSE at a more central focus in their work in assessing, managing and providing interventions with offenders of sexual and violent offences: as the evidence provided by for example, PBNi indicated they had no CSE strategic action plan, policy or procedure. There is a need for enhanced collaboration between Trust and Offender Management agencies in relation to the intelligence provided by young people and the modus operandi of known sex and violent offenders. This needs to be embedded in agencies strategic policies and procedures. PBNi have indicated their intention to become a member of the SBNI CSE Subgroup, and this is a positive development. PSNI has a strategic plan in relation to CSE."

6/14

31. Lloyd, J., & Firmin, C. (2020). No further action: contextualising social care decisions for children victimised in extra-familial settings. Youth Justice, 20(1-2), 79-92. (E)

Notes: Key think piece

England's child protection system is intended to safeguard young people at risk of significant harm – physical, sexual, emotional abuse and neglect. When young people are physically assaulted, stabbed or groomed into drugs trafficking they experience significant harm. To this extent they are entitled to support from statutory child protection services. Using findings from one component of a mixed method multi-site study, data from referrals and assessments into children's social care is examined to identify the extent to which the right support and protection is realised. Such analysis indicates that despite being at risk of significant harm, young people abused in community or peer, rather than familial, settings will most likely receive a 'no further action' decision from social workers following referrals for support. This article suggests that to a certain extent no further action decisions are aligned to the legal and cultural parameters of social work and child protection practice, thus raising questions about the sufficiency of such for safeguarding young people abused in extra-familial settings

9/14



32. Local Government Association, (2020). Taking a public health approach to tackling serious violent crime: case studies. 28 (E)

Notes: Case studies from 10 LAs some community level services but some targeted services including social care

10 key recommendations: multi-agency partnerships; Sharing a common goal; Buy-in to a public health approach; Data analysis and information-sharing; Evidence-led interventions; Involving young people; A strengths-based approach; Engaging the wider community; Training and support for staff; Ensuring longer-term sustainability

6/14

33. Maxwell, N., & Corliss, C. (2020). Good practice in youth violence prevention: A mapping and horizon scanning review. Cardiff: Cardiff University. (R)

Notes: Review, some of the interventions discussed are targeted at relevant population

Findings revealed a range of programmes focused on the identification and prevention of the underlying causes of youth violence and that fostered links between law enforcement, safeguarding, health, education, youth workers and communities to tackle youth violence. In doing so, the need for multi-agency collaboration to be used judiciously was highlighted with efforts focused on programmes and interventions that are supported by evidence (Abt, 2017). Report has identified a range of established and emerging interventions at the individual, interpersonal, community and society levels.

7/16

34. Maxwell, N., Wallace, C., Cummings, A., Bayfield, H., & Morgan, H. (2019). A systematic map and synthesis review of child criminal exploitation. Children's' Social Care Research and Development Centre (CASCADE). National Safeguarding Panel: Wales. (R)

Notes: Review including risks and interventions with relevant population

Child criminal exploitation affects vulnerable children across all age and ethnicities. The current lack of reliable data renders it difficult to determine whether child criminal exploitation is increasing or whether the figures represent growing awareness of its existence (National Crime Agency, 2017). While the review found a call for better coordination of services and assessments of risk, there is limited evidence regarding what approaches are effective. However, the review found that three key elements appear to be particularly important: children are seen as the victims of criminal exploitation rather than the perpetrators of crime; children who are at risk of, or who are being criminally exploited require strengths-based, relationship driven approaches; this is a complex social problem and therefore it requires interventions at national, community, family and child level.

7/16



35. McNeil, S. N., Herschberger, J. K., & Nedela, M. N. (2013). Low-income families with potential adolescent gang involvement: A structural community family therapy integration model. *The American Journal of Family Therapy*, 41(2), 110-120. (G)

notes: Describes an intervention for families where gang involvement is a concern

The purpose of this article is to propose a community structural intervention for low-income families who present to therapy with the concern of an adolescent at risk for gang involvement. Families are affected by multiple interacting systems. In congruence with systems theory, changing a part of the system will essentially affect the interrelated parts of the system. The proposed intervention utilises structural family therapy and community family therapy as a model to impact change at the family system, its interrelated systems, and the system at which the family is embedded.

10/12

36. McNeish, D., Scott, S., Lloyd, S., & Pearce, J. J. (2019). Barnardo's ReachOut: final evaluation report March 2019. University of Bedfordshire. (E)

Notes: Evaluation of preventative intervention including targeted population and social workers

"ReachOut has developed a model of CSE preventative work that operates at all three levels of prevention and takes a 'whole city' approach. The three stranded approach of community outreach, school-based preventative education and direct support to children and young people confirmed as generally effective strategy. It has been important to keep the balance of these strands under review to maximise the best use of resources, but wide agreement among stakeholders that all three elements have been important."

11/14

37. Munford, R., & Sanders, J. (2015). Negotiating and constructing identity: Social work with young people who experience adversity. *The British Journal of Social Work*, 45(5), 1564-1580. (E)

Notes: Intervention with multiple service (child welfare, youth justice, education support and mental health) users

"Three key themes emerged from a study of young people facing adversity: seeking safe and secure connections, finding opportunities to test out identities and building a sense of agency. The study findings revealed that much work can be done by social workers to assist young people to make sense of their worlds and to build positive identities. Social workers can work intentionally to create safe, secure and warm relationships that provide a strong foundation upon which change can be built. They can assist in building mastery and agency so that, when young people leave services, they are better equipped to face the adult world."

1/14



38. O'Connor, L., Forrester, D., Holland, S., & Williams, A. (2014). Perspectives on children's experiences in families with parental substance misuse and child protection interventions. Children and Youth Services Review, 38, 66-74. (E)

Notes: Participants from families where children at risk of being placed on a child protection register or at risk of removal.

Study provides evidence of the type and levels of neglect, emotional tension, disruption, separations and abuse children may experience in substance misusing households, even when positive changes have occurred, and parental substance misuse has been reduced or ended. Findings add to existing research, highlighting the enormous vulnerability of children and young people to abusive experiences resulting from neglectful parenting, exposure to violence and the complicated emotional dynamics and skewed responsibilities which can occur in childhood and potentially across generations. The analysis highlights the importance of early and on-going interventions for young people which promote resilience and support transition into adulthood whilst recognising the interwoven needs and attachments within family networks

11/14

39. OFSTED (2013). Managing high risk behaviours in adolescents: Northumberland County Council. 6 (G)

Notes: Practitioner report

Northumberland has implemented an effective risk management model to safeguard adolescents who are at risk of significant harm from their own behaviour and their approach is having a good impact on safeguarding outcomes. This example provides an overview of the processes in place in Northumberland and the impact that this way of working is having. It includes information about the risk management framework, a multi-agency partnership approach and engaging young people.

8/12

40. Olaghere, A., Wilson, D. B., & Kimbrell, C. S. (2021). Trauma-Informed Interventions for At-Risk and Justice-Involved Youth: A Meta-Analysis. Criminal Justice and Behavior, 48(9), 1261-1277.00938548211003117. (R)

Notes: Interventions with a group that includes those likely to be involved with care services

"The impact of trauma on children and youth has potentially serious and long-lasting negative consequences, including increased involvement in the juvenile and criminal justice systems. The objective of this study was to meta-analyse research on the effectiveness of trauma-informed treatment programs for justice-involved youth and youth at risk of justice system involvement who have experienced some form of trauma. Our systematic search identified 29 publications that met our eligibility criteria and represent 30 treatment-comparison contrasts. Six of these evaluated the effectiveness of trauma-informed programs for justice-involved youth, and the remaining 24 evaluated programs for at-risk children and youth. The findings suggest that cognitive-behavioural therapy (CBT), including trauma-focused CBT, is effective. In addition, there was weak evidence suggesting that programs that used a cognitive restructuring component or had the participant create a trauma narrative were slightly more effective than programs without these features. Additional high-quality randomised controlled trials are needed"

16/16



41. Owens, R. (2019). Assessment and intervention planning for young people at risk of extra-familial harm: a practice guide. 60 (G)

Notes: Practitioner guidance

This document is designed to support practitioners to undertake assessments which are holistic in nature – taking into account both the context of children's experiences within their family home and in other social spaces. It supports practitioners to:

- Assess the risk of extra familial harm to a young person
- Consider the needs of a young person subject to extra-familial risk
- Make recommendations/plan for on-going work which addresses extra-familial risk of harm.

7/12

42. Oxford Brookes University. Institute of Public Care, (2015). Supporting children and young people at risk of sexual exploitation: rapid research review. 33 (R)

Notes: Rapid review of interventions with at risk groups, incl. ToC

"The needs of children and young people are complex and multi-layered. Intervention is needed at an early stage to prevent children and young people being at risk of exploitation but also harm reduction and exit strategies for those already being sexually exploited. It is through specialist services that the needs of sexually exploited children can usually be met including through:

- A multi-agency coordinated approach
- Specialist services
- Intensive support is required to provide young people with a high level of relational
- Continuity of care and safe accommodation
- Local community-based approaches supporting young people
- Avoidance of secure accommodation "

5/16



43. Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse & Neglect*, 42, 40-53. (E)

Notes: Review of interventions with at-risk youth in child welfare, juvenile justice, education and mental health systems

"The results from the path analysis point to a complex set of relationships between service delivery and risk factors, and further, that the ways that these factors combine to interact with resilience is also complicated. The analysis suggests that resilience does, as hypothesised, potentially mediate the impact of risks and service delivery factors on wellbeing outcomes. Specifically, the model shows that within this group of very vulnerable youth, who have been exposed to high levels of abuse and neglect by the adults in their families and communities, those who received services that were empowering and respectful, reported enhanced resilience and this higher resilience was associated with better wellbeing outcomes. PYD intervention qualities such as encouraging personal agency and staff being respectful do appear to be related to higher levels of resilience for vulnerable youth."

11/14

44. Shklarski, L., Madera, V. P., Bennett, K., & Marcial, K. (2016). Family Finding Project: Results from a One-year Program Evaluation. *Child Welfare*, 94(6), 67-87. (E)

Notes: QED study into impact of Family Finding intervention for youth in the foster care system.

The results suggest that focused efforts on searching for, and engaging family and kin can expand the social support network and lifelong connections for youth who have been placed out of the home. The effectiveness of Family Finding in achieving permanency is more ambiguous. By strengthening the support network, Family Finding assured that every youth had a solid emotional connection to at least one adult and achieved stronger relational permanency. By the end of the year, 60.5% of participants had connected with a discharge resource, 92% of these youth had connected with a visiting resource, but 10–20% percent had not connected with a resource

9/14



45. Shuker, LE., (2015). Safe foster care for victims of child sexual exploitation. Safer Communities, 14(1), 37-46. (E)

Notes: Looks at specialist foster care to address their particular safeguarding needs

Findings – This evaluation found that safety for those at risk, or victims, of CSE within the in-care population has both a physical and a relational element. The most successful placements were able to deploy restrictive safety measures effectively by tipping the balance of care and control towards demonstrations of compassion and acceptance. Good relationships in these foster homes unlocked other positive outcomes, including reduced missing incidences and increased awareness of exploitation.

Research limitations/implications – The small sample size within this pilot project suggests the need for further research to test the applicability of the notion of multi-dimensional safety to young people's welfare more generally.

Practical implications – The findings confirm previous research that highlights the importance of stable relationships in child protection. They have implications for current tendencies to commission short-term CSE interventions that are unlikely to create the relational security that can improve community safety for young people.

10/14

46. Shuker, L., & Pearce, J. (2019). Could I do something like that? Recruiting and training foster carers for teenagers “at risk” of or experiencing child sexual exploitation. Child & Family Social Work, 24(3), 361-369. (E)

Notes: Impact of training and awareness raising on carers' knowledge and confidence,

The data presented suggest that recruitment drives to find carers for the task of fostering teenagers where CSE is a concern could make use of training and awareness raising courses. These have the potential to significantly improve carers' short-term confidence in relation to the role. Fostering agencies could also consider how to create a pathway to further learning, respite care or specialist placements, in order to capitalise on this confidence and to prevent it dissipating over time.

10/14

47. Statham, J., (2004). Effective services to support children in special circumstances. Child Care Health and Development, 30(6), 589-598. (R)

Notes: Review of services that includes areas of relevance

Similar themes underpin the most promising approaches to supporting children in special circumstances. These include: (1) a holistic, multi-agency approach addressing the needs of the whole child rather than compartmentalising children's social, educational, health and care needs; (2) the importance of links between adults' and children's services so that children who are in need because of their parents' circumstances can be identified and supported; and (3) the value of providing children in special circumstances with intensive, targeted support within a framework of universal provision.

8/16



48. Thomas, R., & D'Arcy, K. (2017). Combatting child sexual exploitation with young people and parents: Contributions to a twenty-first-century family support agenda. *British Journal of Social Work*, 47(6), 1686-1703. (E)

Notes: Examines family support in social work as a response to CSE prevention

Findings highlight characteristics of good practice, including parallel working with parents, carers and young people, and the importance of flexibility. Empathy, listening skills and not being excessively procedure-bound are key skills highlighted by the FCASE families. So too is the ability to connect with and engage clients.

8/14

Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 10(2), 179-206. (R)

Notes: Meta-analysis of effects including high-risk populations,

"Results suggest that mentoring, at least as represented by the included studies, has positive effects for these important public health problems with those at risk for delinquency. As this portion of the population can be of particular interest given the problems their elevated risk for not just delinquency but many other areas of functioning, the evidence of mentoring having significant effects, even if modest in size, suggest it could be part of the strategies to try to prevent actual engagement in delinquency and drug use and to curtail or prevent aggression and poor academic achievement (Tolan and Gorman-Smith 2003). In addition, there was substantial heterogeneity in effect size across programs for each outcome, suggesting that there may be more substantial benefits that could be gained from mentoring that is organised in ways that maximise those features associated with larger effects."

15/16

49. Walker, K., Brown, S., Mackay, J., & Browning, B. (2019). A rapid evidence assessment of child sexual exploitation service provision. *NSPCC Impact and Evidence Series*, 104 (R)

Notes: Late addition

It is not possible from the current evidence base to draw firm conclusions regarding the effectiveness of CSE interventions. In the majority of cases, the evidence was not of sufficient detail or methodological robustness to confidently provide evidence that CSE interventions are effective in reducing the risk or occurrence of CSE, nor increased health and wellbeing post-CSE (i.e., as compared with health and wellbeing in CSE survivors who did not receive such support). It was often difficult to establish exactly which groups of children and young people the services were directed towards and which types of abuse/exploitation (i.e., online, offline, economic).

11/16



50. Ward, A., (2014). We need to get it right: a health check into the Council's role in tackling child sexual exploitation: a report from overview & scrutiny. 107 (G)

Notes: City Council report includes recommendations for Children's Social Care

We learnt that policies, procedures, and teams with a greater focus on CSE have been developed. We were impressed by some of the positive work being done by the City Council and its partners in working to protect Birmingham's young people from such an abhorrent crime and the positive work by frontline staff who are supporting these young people to rebuild their lives. The focus of the report is the City Council's role in tackling CSE, but we learnt about the importance of consistent, joined up multi-agency working too. The focus of activity must be on dealing with offenders, targeting locations, protecting victims and prevention. The Committee's report contains a number of recommendations to both the City Council and partner agencies to improve the way CSE is dealt with. We will hold them to account on delivering on those recommendations.

8/12

51. Weisman, C. B., & Montgomery, P. (2019). Functional Family Therapy (FFT) for behavior disordered youth aged 10-18: An overview of reviews. Research on Social Work Practice, 29(3), 333-346. (R)

Notes: Effectiveness of FFT includes out-of-home placement as an outcome.

This overview aimed to gather and assess the pre-existing reviews of FFT and to present information regarding the model in a single comprehensive document. The narrative reviews of FFT did not suffice as a reliable source of information regarding the model and left a great deal of room for conjecture and uncertainty. The three primary outcome measures promoted by FFT Inc. have not been adequately addressed in the existing literature. This overview sheds light on this issue and highlights the importance of increasing involvement of those not directly linked to the development or dissemination of FFT Inc. Even with the evidence currently available, there is no indication that a course of FFT will not cause detrimental effects, or harm. Without this certainty, it seems unwise to advocate for the intervention without hesitation.

14/16

52. Williams, C. A. (2011). Mentoring and Social Skills Training: Ensuring Better Outcomes for Youth in Foster Care. Child Welfare, 90(1), 59-74. (G)

Notes: US think piece

"Youth in foster care face significant life challenges that make it more likely that they will face negative outcomes (i.e., school failure, homelessness, and incarceration). While the reason(s) for out-of-home placement (i.e., family violence, abuse, neglect and/or abandonment) provide some context for negative outcomes, such negative outcomes need not be a foregone conclusion. In fact, interventions created to serve at-risk youth could ostensibly address the needs of youth in foster care as well, given that they often face similar social, emotional, and other challenges. Specifically, the author posits that supporting foster care youth through the use of mentoring and social skills training could reduce the negative outcomes far too common for many of these youth"

8/12



53. Yoon, S., Bellamy, J.L., Kim, W., Yoon, D., (2018). Father Involvement and Behavior Problems among Preadolescents at Risk of Maltreatment. Journal of Child and Family Studies, 27(2), 494-504. (E)

Notes: Pre-adolescent population

The results indicated that higher quality of father involvement was associated with lower levels of internalising and externalising behaviour problems whereas greater quantity of father involvement was associated with higher levels of internalising and externalising behaviour problems. The positive association between the quantity of father involvement and behaviour problems was stronger in adolescents who were physically abused by their father. The association between father involvement and behaviour problems did not differ by the type of father co-residing in the home. The findings suggest that policies and interventions aimed at improving the quality of fathers' relationships and involvement with their children may be helpful in reducing behaviour problems in adolescents at risk of maltreatment"

9/14

55. Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., & McGovern, R. (2019). The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: a qualitative exploration with young people, carers and front-line workers. BMC Medical Research. Methodology, 19(1), 1-12 (E)

Notes: Looked after children and care leavers

1. Identified two interventions Motivational Enhancement Therapy (MET) and Social Behaviour and Network Therapy (SBNT)
2. Theory of change for each model to include the behavioural determinants to visual how change would happen and what the outcomes would be.
3. Semi structured interviews and focus groups
4. The qualitative data was thematically analysed, Double scored to ensure consistency.
5. Workshops to discuss what the final interventions should be like.

1. Therapeutic relationships (trust and genuine care). 2 engagement - LAC did not like formal approaches and preferred creative approaches. Interventions need to be flexible, reality that LAC may take time to trust and engage - so manuals for both interventions were designed to allow for this flexibility. SBNT was helpful to support LAC to identify sources of support- something they found challenging. Creative approaches to allow young people to express thoughts and feelings more easily, flexibility of setting so some work could be done at cafes etc more informal settings.

12/14



56. Bounds, D. T., Otwell, C. H., Melendez, A., Karnik, N. S., & Julion, W. A. (2020). Adapting a family intervention to reduce risk factors for sexual exploitation. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1-12. (E)

Notes: Youth with risk factors for sexual exploitation

Youth who have experienced CSE often experience multiple systems CJS, social care etc and these are inflexible - need to consider voice of young people throughout the engagement process. The STRIVE intervention is a family-based intervention and the importance of family-based interventions was highlighted in the focus groups. Focus groups are a good way to continue to engage young people and adapt interventions.

10/14

54 from searches + two additional = 56 in total